

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90227 001 \*\*\*500.00

**DOCUMENT # M04000000117**

1. Entity Name  
**SCI CARIBBEAN ISLE FUND 8, LLC**



Principal Place of Business  
**11620 WILSHIRE BOULEVARD  
SUITE 300  
LOS ANGELES, CA 90025**

Mailing Address  
**701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND, VA 23219**

**30002073**



2. Principal Place of Business - No P.O. Box #  
**18 Calle Pastadero**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 500**  
Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State  
**San Clemente, CA**  
Zip  
**92672**  
Country  
**USA**

City & State  
**Richmond, VA**  
Zip  
**23218-0500**  
Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and type if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TIDEMANIS, MODRIS A	
STREET ADDRESS	18 CALLE PASTADERO	
CITY-ST-ZIP	SAN CLEMENTE, CA 92672	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TIDEMANIS, JANN E	
STREET ADDRESS	18 CALLE PASTADERO	
CITY-ST-ZIP	SAN CLEMENTE, CA 92672	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Modris A. Tidemanis Jann E. Tidemanis 1/17/07 310/880-5283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Modris A. Tidemanis

Jann E. Tidemanis