

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000000119 1. Entity Name SCI CARIBBEAN ISLE FUND 10, LLC					
Principal Place of Business 11620 WILSHIRE BLVD STE 300 LOS ANGELES, CA 90025			Mailing Address 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuance)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOLDEN, JACY M 5960 ABERNATHY DRIVE LOS ANGELES, CA 90045	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
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: 			1/25/06 310.641.0800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



01122006 Chg-LLC CR2E083 (11/05)

1106100454784
03/15/06-80029-006 50.00