

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90183 017 ****50.00

DOCUMENT # M04000000121

1. Entity Name
SCI CARIBBEAN ISLE FUND 12, LLC



Principal Place of Business
**11620 WILSHIRE BLVD
LOS ANGELES, CA 90025**

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

60029334

2. Principal Place of Business - No P.O. Box #
2465 Grassmere Dr.
Suite, Apt. #, etc.

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

01092007 Chg-LLC CR2E083 (12/06)

City & State
West Melbourne FL
Zip
32904 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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PHILLIPS, GAY M
256 PRESIDENT STREET
DUNEDIN, FL 34698** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**900 GALAX POINT LN
MURPHY N.C. 28906** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Gay M Phillips

2-13-07 727-686-3453