

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90013 007 \*\*\*\*50.00

**DOCUMENT # M04000002980**

1. Entity Name  
**SCI UNIVERSITY MARKETPLACE FUND 2, LLC**



Principal Place of Business  
**701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND, VA 23219**

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

**20028994**



2. Principal Place of Business  
**11620 Wilshire Boulevard**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**Los Angeles, CA**

Zip

Country

Zip

Country

**90025**

**USA**

02042005 Chg-LLC CR2E083 (10/03)

4. FEI Number

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
THE TIDEMANIS FAMILY TRUST DATED FEB. 12  
18 CALLE PASTADERO  
SAN CLEMENTE, CA 92672**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*The Tidemanis Family Trust dated 2-12-92, as amended*

**SIGNATURE: By: *Melody A. Tidemanis*, Trustee**

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

**3/28/05**

Date

**962-985-9489**

Daytime Phone #