

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90142 001 ***350.00

DOCUMENT # M04000002983

1. Entity Name
SCI UNIVERSITY MARKETPLACE FUND 4, LLC



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

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

30004083

2. Principal Place of Business - No P.O. Box #
12544 Sarah Street
Suite, Apt. #, etc.

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

City & State
Studio City, CA
Zip
91604
Country
USA

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

01092007 Chg-LLC CR2E083 (12/06)

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THE CHARLES PARNES AND JUDITH PARNES FAMIL
12544 SARAH STREET
STUDIO CITY, CA 91604**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 file 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 #

Charles Parnes Trustee
Charles Parnes Trustee

1/17/07
1/17/07

818-7610229