

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002984</b>																													
<b>1. Entity Name</b> SCI UNIVERSITY MARKETPLACE FUND 5, LLC																													
<b>Principal Place of Business</b> 11620 WILLSHIRE BLVD SUITE 300 LOS ANGELES, CA 90025			<b>Mailing Address</b> 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219																										
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
<b>4. FEI Number</b> NOT APPLICABLE			Applied For <input checked="" type="checkbox"/> Not Applicable																										
<b>5. Certificate of Status Desired</b>			<input type="checkbox"/> \$5.00 Additional Fee Required																										
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																										
FL			Zip Code																										
<b>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.</b>																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>																										
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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<b>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.</b>																													
<b>SIGNATURE:</b> <u>Michael M. Schadeck, Trustee</u>				Date: <u>1/17/06</u>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SICKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <u>(408) 926-6781</u>																									