

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90339 001 \*\*\*150.00

**DOCUMENT # M04000002984**

1. Entity Name  
**SCI UNIVERSITY MARKETPLACE FUND 5, LLC**



Principal Place of Business  
**11620 WILLSHIRE BLVD  
SUITE 300  
LOS ANGELES, CA 90025**

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

00000444



2. Principal Place of Business - No P.O. Box #  
**1083 Summerview Dr.**  
**1083** Suite, Apt. #, etc.

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

01092007 Chg-LLC CR2E083 (12/06)

City & State  
**San Jose, CA**

City & State  
**Richmond, VA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

Zip  
**95132-2951**

Country  
**USA**

Zip  
**23218-0500**

Country  
**USA**

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 MICHAEL M. SCHADECK AND DELORES L. SCHA  
~~1083 SUMMERVIEW DRIVE~~  
SAN JOSE, CA 951322951**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**1083 Summerview Drive**

TITLE  
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STREET ADDRESS  
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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:** *Michael M. Schadeck* *Delores L. Schadeck* *11/2/07 (408) 926-6781*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #