
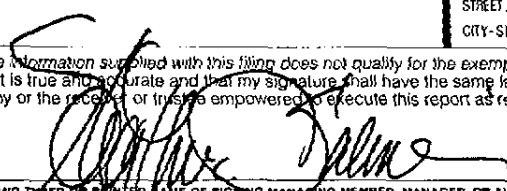


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # M04000002990 <small>1. Entity Name</small> SCI UNIVERSITY MARKETPLACE FUND 11, LLC | | | |  | |
| <small>Principal Place of Business</small> 11620 WILSHIRE BOULEVARD SUITE 300 LOS ANGELES, CA 90025 | | | <small>Mailing Address</small> 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219 | | |
| <small>2. Principal Place of Business</small> Suite, Apt. #, etc. | | | <small>3. Mailing Address</small> Suite, Apt. #, etc. | | |
| <small>City & State</small> | | | <small>City & State</small> | | |
| <small>Zip</small> | | <small>Country</small> | | <small>Zip</small> | |
| <small>Country</small> | | <small>Country</small> | | 01122006 Chg-LLC CR2E083 (11/05) | |
| <small>4. FEI Number</small> 95-7074432 | | | | <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| <small>5. Certificate of Status Desired</small> <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| <small>6. Name and Address of Current Registered Agent</small> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | <small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| <small>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.</small> | | | | | |
| <small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| <small>9. MANAGING MEMBERS/MANAGERS</small> | | | <small>10. ADDITIONS/CHANGES</small> | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGRM THE JOHN L HALL TRUST DATED APRIL 1, 1993 323 E. MATILUA STREET, #110-212 OJAI, CA 93023 | | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000454785 11/15/06-80029-007 50.00 | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Delete | | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Delete | | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Delete | | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Delete | | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Delete | | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <small>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.</small> | | | | | |
| SIGNATURE:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |