

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90033 001 \*\*\*350.00

**DOCUMENT # M05000001631**

1. Entity Name  
**SCI MARKET SQUARE FUND 6, LLC**



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

Mailing Address  
**11620 WILSHIRE BLVD., SUITE 300  
LOS ANGELES, CA 90025**

**30004107**



2. Principal Place of Business - No P.O. Box #

**819 Devon Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State

**Los Angeles, CA**

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**90024**

Country

**USA**

Zip

Country

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONNERSTAG, JAMES N  
819 DEVON AVENUE  
LOS ANGELES, CA 90024**

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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:

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

**JAMES N. DONNERSTAG**

**2/8/07 310-550-2535**

Date

Daytime Phone #