

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90033 001 ***350.00

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02062007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M05000001831 1. Entity Name SCI MARKET SQUARE FUND 11, LLC					
Principal Place of Business 11620 WILSHIRE BLVE., SUITE 300 LOS ANGELES, CA 90025			Mailing Address 11620 WILSHIRE BLVE., SUITE 300 LOS ANGELES, CA 90025		
2. Principal Place of Business - No P.O. Box # 300 W. Palm Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Redlands, CA		City & State Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
Zip 92373		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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 HARKNESS, BARBARA 300 W. PALM AVENUE REDLANDS, CA 92373 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date 2/9/07 Daytime Phone # 909 633 1167		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					