

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001831

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** SCI MARKET SQUARE FUND 11, LLC

**Current Principal Place of Business:**

11620 WILSHIRE BLVD., 10TH FL  
LOS ANGELES, CA 90025

**New Principal Place of Business:**

11620 WILSHIRE BOULEVARD, 10TH FL.  
LOS ANGELES, CA 90025

**Current Mailing Address:**

11620 WILSHIRE BLVD., 10TH FL  
LOS ANGELES, CA 90025

**New Mailing Address:**

11620 WILSHIRE BOULEVARD, 10TH FL.  
LOS ANGELES, CA 90025

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARKNESS, BARBARA  
Address: 300 W. PALM AVENUE  
City-St-Zip: REDLANDS, CA 92373

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HARKNESS, BARBARA  
Address: 11620 WILSHIRE BOULEVARD, 10TH FL.  
City-St-Zip: LOS ANGELES, CA 90025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANE LOUIS

POA

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date