

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001975

1. Entity Name  
SCI NORTHBAY COMMERCE FUND 18, 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

2. Principal Place of Business - No P.O. Box #  
14409 Turnbridge Court  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Burtonsville, MD  
Zip  
20866

City & State  
Country  
USA

02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

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  
BAOLGUN, IDOWU  
14409 TURNBRIDGE COURT  
BURTONSVILLE, MD 20866 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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## 10. ADDITIONS / CHANGES

TITLE  
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☐ Change ☐ Addition  
700096483497  
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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

Date

Daytime Phone #

FILED

2007 APR -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

