


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR -5 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000002402		
1. Entity Name SCI NORTHBAY COMMERCE FUND 29, LLC		

Principal Place of Business 11620 WILSHIRE BOULEVARD STE 300 LOS ANGELES, CA 90025	Mailing Address 11620 WILSHIRE BOULEVARD STE 300 LOS ANGELES, CA 90025
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2. Principal Place of Business - No P.O. Box # 301 Blackstone Boulevard	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Providence, RI	City & State
Zip 02906	Country USA

02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE JACQUELINE B. NEMZOW TRUST 301 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 <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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04/11/07--01027--004 **850.00

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: <u>Jacqueline B. Nemzow Trust - Simon Nemzow, Trustee</u>	Date: <u>2/15/07</u>	Daytime Phone #: <u>401-831-1562</u>
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