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2008 OCT 29 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000000222

1. Entity Name
SCI FUND ANDERSON-TIMBER, LLC

Principal Place of Business	Mailing Address
11620 WILSHIRE BLVD. ~~SUITE 300~~ 10th Floor LOS ANGELES, CA 90025	11620 WILSHIRE BLVD. ~~SUITE 300~~ LOS ANGELES, CA 90025 10th Floor

10132008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name: C T Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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: M. T. Fitzpatrick — M.T. FITZPATRICK, ASSISTANT SECRETARY — DATE: 10/13/2008
Signature, typed or printed name of registered agent and title if applicable. (Florida Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCI FUND MANAGER, INC. 11620 WILSHIRE BLVD. SUITE 300 LOS ANGELES, CA 90025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 10/27/08 310-470 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

SCI FUND ANDERSON-TIMBER, LLC

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