

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

09 OCT 30 PM 3:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M07000000820

1. Entity Name
SCP 2003D-GL-9 LLC



Principal Place of Business
2415 CAMPUS DRIVE, SUITE 140
IRVINE, CA 92612

Mailing Address
2415 CAMPUS DRIVE, SUITE 140
IRVINE, CA 92612

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

09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number

43-2033790

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 *CT Corporation System*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09-09-08

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME YANCY CAPITAL PARTNERS, LP ☒ Delete
STREET ADDRESS 2415 CAMPUS DRIVE, SUITE 140
CITY-ST-ZIP IRVINE, CA 92612

TITLE MGR
NAME YANCY CAPITAL PARTNERS, INC ☒ Delete
STREET ADDRESS 2415 CAMPUS DRIVE, SUITE 140
CITY-ST-ZIP IRVINE, CA 92612

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Lawrence Rae
STREET ADDRESS 2415 Campus Dr, Suite 140
CITY-ST-ZIP Irvine, CA 92612

TITLE ☐ Change ☐ Addition
NAME 400135972874
STREET ADDRESS 09/16/08-01032-003 **\$38.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

09-09-08 (949)250-4245

Date

Daytime Phone #

REINSTATEMENT