

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004688

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SCI GATEWAY AT CLUB FUND 17, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

C T 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:                      ENCINO-VENTURA ASSOC, IATES  
Address:                      9033 STONY CREEK DR.  
City-St-Zip:                      COLORADO SPRINGS, CO 80924

**ADDITIONS/CHANGES:**

Title:                      ( ) Change                      ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JENNIFER SPANGLER                      POA                      04/30/2008

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