

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005770

FILED
Apr 15, 2009
Secretary of State

Entity Name: SCI GATEWAY AT GLADES FUND 27, LLC

Current Principal Place of Business:

11620 WILSHIRE BLVD., SUITE 300
LOS ANGELES, CA 90025

New Principal Place of Business:

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

Current Mailing Address:

11620 WILSHIRE BLVD., SUITE 300
LOS ANGELES, CA 90025

New Mailing Address:

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

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: STEDRONSKY, ROGER H TRUSTEE
Address: 493 STRATFORD
City-St-Zip: ELMHURST, IL 60126

Title: MGRM (X) Delete
Name: STEDRONSKY, NOREEN E TRUSTEE
Address: 493 STRATFORD
City-St-Zip: ELMHURST, IL 60126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROGER H. STEDRONSKY TRUST AGREEMENT 020199
Address: 11620 WILSHIRE BOULEVARD, 10TH FL.
City-St-Zip: LOS ANGELES, CA 90025

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: JANE LOUIS

POA

04/15/2009

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