

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

EO

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90022 002 \*\*\*\*50.00

0072884

**DOCUMENT # M98000001251**

1. Entity Name

**GLENBOROUGH FUND VIII LLC**

Principal Place of Business

**400 S. EL CAMINO REAL, #1100  
SAN MATEO CA 94402-1708**

Mailing Address

**400 S. EL CAMINO REAL, #1100  
SAN MATEO CA 94402-1708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **94-3311506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**☐ CHECK HERE IF MAKING CHANGES**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
GRT VIII, INC.  
400 S. EL CAMINO REAL, #1100  
SAN MATEO CA 94402-1708**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**Frank E. Austin, Secretary****3/31/03**

Date

**(650) 343-9300**

Daytime Phone #

CR2E083 (10/02)