2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M9900001501 1. Entity Name SYDRAN HOLDINGS IX, LLC					
				FILED	
•				OI FEB 22 AM 7:57	
Principal Place of Business		Mailing Address	٢		
3000 EXECUTIVE PARKWAY #515 SAN RAMON CA 94583-4254		3000 EXECUTIVE PARKW SAN RAMON CA 94583-4		SECRETARY OF STATE TALLAHASSEE.FLORIDA	
2. Principal Place of Business 3. Mailing Address		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 68-0438150	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	Fee Required Agent
Name					
C T CORPORATION SYSTEM Street 1200 SOUTH PINE ISLAND ROAD			Street Address	(P.O. Box Number is Not Acceptable)	,
PLANTATION FL 33324					
		•	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. SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
			OW!!! FEE IS \$50.00 ayable to Department		
9.	MANAGING MEMI		10.	ADDITIONS/CHANGE:	
NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOENBERG, MATTHEW 3000 EXECUTIVE PARKWAY #5 SAN RAMON CA 94583-4254	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change ☐ Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003782 -02/27/010 *****55.00	1088006 *****55.00
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TITLE NĀME STREET ADDRESS CITY-ST-ZIP		☐ 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
indicated	certify that the information supplied wit on this report is true and accurate and billty company or the receiver or truste	that my signature shall have	the same legal effect as if i	ection 119.07(3)(i), Florida Statutes. I further ce made under oath; that I am a managing memb oter 608, Florida Statutes.	rtify that the information er or manager of the

Feb. 15, 2001

925-328-3315

Daytime Phone #