

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002833

Entity Name: S-H OPCO POINTE AT NEWPORT PLACE, LLC**Current Principal Place of Business:**1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614**Current Mailing Address:**1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Authorized Person(s) Detail :**

Title	MEMBER
Name	S-H TWENTY-ONE OPCO VENTURES, LLC
Address	1920 MAIN STREET, SUITE 1200
City-State-Zip:	IRVINE CA 92614

Title	EVPCFO
Name	SCHOEN, TIMOTHY M
Address	1920 MAIN STREET, SUITE 1200
City-State-Zip:	IRVINE CA 92614

Title	AS
Name	OHLENDORF, MARK W
Address	1920 MAIN STREET, SUITE 1200
City-State-Zip:	IRVINE CA 92614

Title	PCEO
Name	GALLAGHER, PAUL F
Address	1920 MAIN STREET, SUITE 1200
City-State-Zip:	IRVINE CA 92614

Title	EVPS
Name	YOUNG, KENDALL K
Address	1920 MAIN STREET, SUITE 1200
City-State-Zip:	IRVINE CA 92614

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MAAS**AUTHORIZED PERSON****04/28/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date