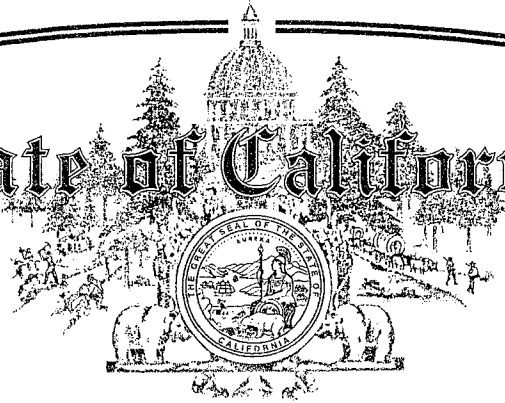


# State of California



## SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 08 2004



*Kevin Shelley*  
Secretary of State

SAMPLE LLC PROOF OF RIGHT TO SIGN SH11083



**State of California**  
**Kevin Shelley**  
**Secretary of State**

File # **200412210073**

**ENDORSED - FILED**  
 In the office of the Secretary of State  
 of the State of California

APR 29 2004

**KEVIN SHELLEY**  
 Secretary of State

**LIMITED LIABILITY COMPANY**  
**ARTICLES OF ORGANIZATION**

A \$70.00 filing fee must accompany this form.

**IMPORTANT - Read instructions before completing this form.**

This Space For Filing Use Only

1. **NAME OF THE LIMITED LIABILITY COMPANY** (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO.," OR THE ABBREVIATIONS "LLC" OR "L.L.C.")  
 Arbor Drive Rowhomes LLC

2. **THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.**

3. **CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS.**

- AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 4.
- A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 5.

AGENT'S NAME: Kenneth J. French

4. **ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL:**

ADDRESS 4089 Falcon St.  
 CITY San Diego STATE CA ZIP CODE 92103

5. **THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE)**

- ONE MANAGER
- MORE THAN ONE MANAGER
- ALL LIMITED LIABILITY COMPANY MEMBER(S)

6. **OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE.**

7. **NUMBER OF PAGES ATTACHED, IF ANY:**

8. **TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. (FOR INFORMATIONAL PURPOSES ONLY)**

Real Estate Development

9. **IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.**

*Donald J. Schiffer*  
 SIGNATURE OF ORGANIZER  
 Donald J. Schiffer  
 TYPE OR PRINT NAME OF ORGANIZER

April 22, 2004  
 DATE

10. **RETURN TO:**

NAME Donald J. Schiffer  
 FIRM Law Office of Donald Schiffer  
 ADDRESS 3636 5th Ave. Suite 301  
 CITY/STATE San Diego, CA  
 ZIP CODE 92103-4230



SAMPLE LLC SHT 2 OF 3



# State of California Secretary of State

## STATEMENT OF INFORMATION (Limited Liability Company)

L

COPY  
MAILED 10-17-05

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Arbor Drive Rowhomes LLC

This Space For Filing Use Only

**DUE DATE:**

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

200412210073

3. STATE OR PLACE OF ORGANIZATION

San Diego, California

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

512 Arbor Drive

San Diego, CA

92103

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

512 Arbor Drive

San Diego

CA

92103

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

NAME

ADDRESS

CITY AND STATE

ZIP CODE

N/A

**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER** (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Kenneth J. French

512 Arbor Drive

San Diego, CA

92103

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

James L. Walker

13655 Janeen Place

Poway, CA

92064

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Kenneth J. French

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

512 Arbor Drive

San Diego

CA

92103

**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Real Estate Development

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Kenneth J. French

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Member

TITLE

10/17/2005

DATE

SAMPLE LLC SHIT 3 OF 3