



# State of California Secretary of State

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## STATEMENT OF INFORMATION (Limited Liability Company)

**64**

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM****FILED**  
in the office of the Secretary of State  
of the State of California**AUG 06 2012**

This Space For Filing Use Only

**1. LIMITED LIABILITY COMPANY NAME**Marquee Apartments, LLC  
23622 Calabasas Road; Suite # 337  
Calabasas, CA 91302**File Number and State or Place of Organization****2. SECRETARY OF STATE FILE NUMBER**  
201024410215**3. STATE OR PLACE OF ORGANIZATION** (If formed outside of California)  
California**No Change Statement****4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)**5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE**  
23622 Calabasas Road; Suite # 337  
CITY: Calabasas, CA STATE: CA ZIP CODE: 91302**6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5**  
CITY: STATE: ZIP CODE:**7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)**  
23622 Calabasas Road; Suite # 337  
CITY: Calabasas STATE: CA ZIP CODE: 91302**Name and Complete Address of the Chief Executive Officer, If Any****8. NAME ADDRESS CITY STATE ZIP CODE**  
Steve Heimler 22287 Mulholland Hwy, # 411 Calabasas, CA 91302**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.)**9. NAME ADDRESS CITY STATE ZIP CODE**  
Steve Heimler 22287 Mulholland Hwy, # 411 Calabasas, CA 91302**10. NAME ADDRESS CITY STATE ZIP CODE****11. NAME ADDRESS CITY STATE ZIP CODE****Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.**12. NAME OF AGENT FOR SERVICE OF PROCESS**  
Steve Heimler**13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL** CITY: Calabasas STATE: CA ZIP CODE: 91302  
22287 Mulholland Hwy; # 411**Type of Business****14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY**  
Multifamily Housing**15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

07/30/2012

Hansa Shamsudeen

Office Manager

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE