



State of California Secretary of State

STATEMENT OF INFORMATION (Limited Liability Company)

53

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

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY CORPORATE NAME (Please do not alter if name is preprinted.)
ARENDA PASADENA (COMMONS), LLC

FILED
in the office of the Secretary of State
of the State of California

OCT 27 2011

EC
This Space For Filing Use Only

DUE DATE:**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER
201129110054

3. STATE OR PLACE OF ORGANIZATION
Delaware

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 |
|---|---------------------|----------|
| 20501 Earl Street, Suite 2 | Torrance California | 90503 |

- | 5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
| | | CA | |

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

- | 6. NAME | ADDRESS | CITY AND STATE | ZIP CODE |
|---------|---------|----------------|----------|
|---------|---------|----------------|----------|

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 |
|--------------------------------|----------------------------|----------------|----------|
| Arenda Capital Management, LLC | 20501 Earl Street, Suite 2 | Torrance, CA | 90503 |

- | 8. NAME | ADDRESS | CITY AND STATE | ZIP CODE |
|---------|---------|----------------|----------|
|---------|---------|----------------|----------|

- | 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
Ryan C. Millsap

- | 11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|---|----------|-------|----------|
| 20501 Earl Street, Suite 2 | Torrance | CA | 90503 |

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Own real property

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Lorna Miller

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Authorized Person

TITLE

October 27, 2011

DATE