



State of California

Kevin Shelley
Secretary of State

File # **200400310092**

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

DEC 24 2003

KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION - CONVERSION

IMPORTANT — READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CONVERTED ENTITY INFORMATION

1. NAME OF LIMITED LIABILITY COMPANY
WILLIAMS FAMILY PROPERTIES, 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. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONLY ONE)
- ☐ ONE MANAGER ☐ MORE THAN ONE MANAGER ☒ ALL LIMITED LIABILITY COMPANY MEMBER(S)

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

Real Estate

5. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE CITY AND STATE ZIP CODE
93 B Frederick Street Santa Cruz, CA 95062

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

- ☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.
☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME **Robert M. Williams**

7. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA, IF AN INDIVIDUAL CITY STATE ZIP CODE
93 B Frederick Street Santa Cruz CA 95062

CONVERTING ENTITY INFORMATION

8. NAME OF CONVERTING ENTITY
The Vincent Williams Family Limited Partnership
9. FORM OF ENTITY 10. JURISDICTION 11. CA SECRETARY OF STATE FILE NUMBER, IF ANY
Limited Partnership California 9614100024

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUATED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING:

NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE	PERCENTAGE VOTE REQUIRED
2 General Partnership interests	100%
2 Limited partnership interests	100%

ADDITIONAL INFORMATION

13. NUMBER OF PAGES ATTACHED, IF ANY: none THE ATTACHED PAGES ARE INCORPORATED HEREIN BY THIS REFERENCE.

14. I DECLARE THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON

Kay P. Dobbertin
SIGNATURE OF AUTHORIZED PERSON

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

Kay P. Dobbertin as trustee of the Kay P. Dobbertin Revocable Trust dated, July 26, 1999, general partner
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON