



State of California Secretary of State

L**45**

STATEMENT OF INFORMATION (Limited Liability Company)

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.)

200335710075
DPM RANCHES, LLC
555 TWIN DOLPHIN DRIVE, SUITE 600
REDWOOD CITY CA 94065

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

APR 20 2006

This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200335710075

3. STATE OR PLACE OF ORGANIZATION

DE

NO CHANGE STATEMENT



If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 13.

If there have been any changes to the information contained in the last Statement of Information filed, or no Statement of Information has been previously filed, this form must be completed in its entirety.

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

555 Twin Dolphin Drive #600

CITY AND STATE

Redwood City, CA

ZIP CODE

94065

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

555 Twin Dolphin Drive #600

CITY

Redwood City

STATE

CA

ZIP CODE

94065

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

David Dollinger

ADDRESS

555 Twin Dolphin Drive, Suite 600

CITY AND STATE

Redwood City, CA

ZIP CODE

94065

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

David Dollinger

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

555 Twin Dolphin Drive, Suite 600

CITY

Redwood City

STATE

CA

ZIP CODE

94065

TYPE OF BUSINESS

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

Ownership and operation of real property

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

Elizabeth Uribe

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Elizabeth Uribe
SIGNATURE

Executive Asst

TITLE

3/31/06

DATE