



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

18-B03202

**FILED**

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

MAR 20, 2018

**This Space For Office Use Only**

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

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)  
CAMDEN REAL ESTATE OPPORTUNITY FUND I, LLC.

|   |  |
|---|--|
| <b>2. 12-Digit Secretary of State File Number</b><br>200702310148 | <b>3. State, Foreign Country or Place of Organization</b> (only if formed outside of California)<br>CALIFORNIA |
|---|--|

**4. Business Addresses**

|  |  |             |                   |
|--|--|-------------|-------------------|
| a. Street Address of Principal Office - Do not list a P.O. Box<br>9663 Santa Monica Blvd. #932                                   | City (no abbreviations)<br>Beverly Hills | State<br>CA | Zip Code<br>90210 |
| b. Mailing Address of LLC, if different than item 4a<br>9663 Santa Monica Blvd. #932   | City (no abbreviations)<br>Beverly Hills | State<br>CA | Zip Code<br>90210 |
| c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box<br>9663 Santa Monica Blvd. #932 | City (no abbreviations)<br>Beverly Hills | State<br>CA | Zip Code<br>90210 |

**5. Manager(s) or Member(s)** If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

|   |  |             |                   |
|---|--|-------------|-------------------|
| a. First Name, if an individual - Do not complete Item 5b           | Middle Name                              | Last Name   | Suffix            |
| b. Entity Name - Do not complete Item 5a<br>Camden Capital Partners |  |             |                   |
| c. Address<br>9595 Wilshire Blvd #801                               | City (no abbreviations)<br>Beverly Hills | State<br>CA | Zip Code<br>90212 |

**6. Service of Process** (Must provide either Individual OR Corporation.)  
**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

|   |  |                    |                   |
|---|--|--------------------|-------------------|
| a. California Agent's First Name (if agent is not a corporation)<br>Heidi                                   | Middle Name<br>P                         | Last Name<br>Wayne | Suffix            |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box<br>9663 Santa Monica Blvd. #932 | City (no abbreviations)<br>Beverly Hills | State<br>CA        | Zip Code<br>90210 |

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
Real Estate Finance

**8. Chief Executive Officer, if elected or appointed**

|                         |             |           |          |
|-------------------------|-------------|-----------|----------|
| a. First Name           | Middle Name | Last Name | Suffix   |
| b. Address              |             |           |          |
| City (no abbreviations) |             | State     | Zip Code |

**9. The Information contained herein, including any attachments, is true and correct.**

03/20/2018

Heidi P Wayne

Agent for Servie of Process

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]