

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003349

Entity Name: UHIL 5, LLC**Current Principal Place of Business:**2727 N. CENTRAL AVENUE
PHOENIX, AZ 85004**Current Mailing Address:**2721 N. CENTRAL AVENUE
PHOENIX, AZ 85004 US**FEI Number:** 20-2848776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SHOEN, EDWARD J
Address 2727 N. CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title MANAGER, TREASURER
Name BERG, JASON A
Address 2727 N. CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title MANAGER
Name KLING, TAMARA
Address 1209 ORANGE STREET
City-State-Zip: WILMINGTON DE 19801

Title ASST. SECRETARY
Name AVRAHAM, RAPHAEL J
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title MGR, PRESIDENT
Name TAYLOR, JOHN C
Address 2727 N. CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title MANAGER
Name DUVA, VICTOR A
Address 1209 ORANGE STREET
City-State-Zip: WILMINGTON DE 19801

Title SECRETARY
Name SETTLES, JENNIFER M
Address 2721 N. CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY
Name WINKELMAN, STEPHEN R
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN C TAYLOR**MANAGER****04/18/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name BRIDGEMAN, TOBIAS C
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511

Title ASST. TREASURER
Name HARTE, KEVIN J
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511