

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010639

Entity Name: UIRT LP, L.L.C.

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

1696 NE MIAMI GARDENS DR.
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1696 NE MIAMI GARDENS DR.
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 76-0693532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KATZMAN, CHAIM
Address: 1696 NE MIAMI GARDENS DR.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR () Delete
Name: VALERO, DORON
Address: 1696 NE MIAMI GARDENS DR.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: EQUITY ONE, INC.,
Address: 1696 NE MIAMI GARDENS DR.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BY: ARTHUR L. GALLAGHER

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04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date