


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016264 1. Entity Name UC NORTH DEVELOPMENT, LLC	
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Principal Place of Business 701 BRICKELL AVENUE MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0727235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, ARTHUR
701 BRICKELL AVENUE STE. 3150
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

000000337107
 04/27/05-80154-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLOMBO, UGO 701 BRICKELL AVE STE 3150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, ARTHUR 701 BRICKELL AVE STE 3150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDENHOUR, ESTHER F 701 BRICKELL AVE STE 3150 MIAMI, FL 33131
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Ugo Colombo MGR 4-29-05 305-372-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #