2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

Jan 25, 2006 8:00 am **Secretary of State DOCUMENT # L05000110856** 01-25-2006 90050 014 ****50.00 UH INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 8374 MARKET STREET #513 8374 MARKET STREET #513 BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For ।ଚଟ Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRAUSE-IAFRATE, CAROLINE Street Address (P.O. Box Number is Not Acceptable) 8374 MARKET STREET #513 BRADENTON, FL 34202 City Zip Code 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 Fiorida. Fam familiar with, and accept the objections of registered agent. SIGNATURE Signification product printed name of registered agent and the Tappicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES DDE TITLE Change De ete Add from KRAUSE AFRATE, CAROLINE NAME NAME 8374 MARKET STREET #513 STREET ADORESS STREET ADORESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP MGR *** DILE De ete ☐ Change Addition IAFRATE, MARC NAME NAME STREET ADDRESS 8374 MARKET STREET #513 STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34202 CITY-ST-7IP TITLE De ete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE De'ete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TETLE ☐ Change Add tion KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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, Fiorida Statutes.

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MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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