

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90047 006 ***138.75

DOCUMENT # L05000110856 1. Entity Name UH INVESTMENTS, L.L.C.			
Principal Place of Business 8374 MARKET STREET #513 BRADENTON, FL 34202		Mailing Address 8374 MARKET STREET #513 BRADENTON, FL 34202	
2. Principal Place of Business - No P.O. Box # 3650 Rogers Rd Suite, Apt. #, etc. Suite 329		3. Mailing Address 3650 Rogers Rd Suite, Apt. #, etc. Suite 329	
City & State Wake Forest, NC Zip 27587		City & State Wake Forest, NC Zip 27587	
4. FEI Number 38-3667188		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KRAUSE-IAFRATE, CAROLINE 8374 MARKET STREET #513 BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUSE-IAFRATE, CAROLINE 8374 MARKET STREET #513 BRADENTON, FL 34202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IAFRATE, MARC 8374 MARKET STREET #513 BRADENTON, FL 34202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>CAROLINE KRAUSE</u>		Date <u>1/4/08</u> Daytime Phone # _____	