

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095370

Entity Name: UHZ COLLECTIONS, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1150 CAMPO SANO AVENUE
SUITE 200
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1150 CAMPO SANO AVENUE
SUITE 200
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 26-1086448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATZA, ROCHELLE S
20020 NE 21 AVENUE
MIAMI, FL 33179 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/MANAGERS:

Title: MGR () Delete
Name: URIBE ORTHO, INC.,
Address: 1150 CAMPO SANO AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR () Delete
Name: Z VENTURES, INC.,
Address: 1150 CAMPO SANO AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR () Delete
Name: H VENTURES, INC.,
Address: 1150 CAMPO SANO AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROCHELLE S. MATZA

CFO

04/28/2008

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