

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004890

FILED
Mar 20, 2009
Secretary of State

Entity Name: UHC LLC

Current Principal Place of Business:

400 EAST BAY STREET
SUITE 710
JACKSONVILLE, FL 322022945 US

New Principal Place of Business:

Current Mailing Address:

400 EAST BAY STREET
SUITE 710
JACKSONVILLE, FL 322022945 US

New Mailing Address:

FEI Number: 59-3639120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMORROW, LINDA
400 E. BAY STREET, SUITE 405
JACKSONVILLE, FL 322022945 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: MGRM () Delete
Name: CROFTON, LINDA
Address: 400 E. BAY STREET, SUITE 710
City-St-Zip: JACKSONVILLE, FL 322022945

Title: MGRM () Delete
Name: UMBEHANT, ROBERT
Address: 700 IRONWOOD DR., APT. 723
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: HAMLETT, TIM
Address: 4873 ROOSEVELT BLVD., APT 4
City-St-Zip: JACKSONVILLE, FL

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: LINDA CROFTON

MS

03/20/2009

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