· · 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002699

1. Entity Name UBCIV, L.L.C.

TAMPA, FL 33607

444

Principal Place of Business

4200 W. CYPRESS, STE. 444



Mailing Address

4200 W. CYPRESS, STE. 444

444

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33607

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90059 043 ****50.00

24056808



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2022946 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of changions of registered agent.	ging its registered of	fice or registered agent, or both, in the St	tate of Florida. I am familiar w	vith, and accept
SIGNATURE				· <u>, </u>	
l 	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agen	it signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004			,	
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR RAVENHORST LOSEPH Rauenhorst	-			
NAME	RAVENHORST, JOSEPH				
STREET ADDRESS	1300 SUNRISE PKWY #144				
CITY-ST-ZIP	SUNRISE, FL 33323	³₹			· ·
TITLE	MGR				
NAME	GREENFIELD, BARRY W				
STREET ADDRESS	4200 W. CYPRESS, STE. 444	l l			
CITY-ST-ZIP	TAMPA, FL 33607				
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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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE