## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M02000001160 1. Entity Name UHC GP, LLC

Principal Place of Business

3890 WEST NORTHWEST HWY., STE. 700 DALLAS, TX 75220

Mailing Address

3890 WEST NORTHWEST HWY., STE. 700 **DALLAS, TX 75220** 

**FILED** Sep 14, 2004 8:00 am Secretary of State

09-14-2004 90067 033 \*\*\*\*50.00

24085213



08202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For		
75-2899706		Not Applicable		
	er oo			

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32303

## DO NOT WRITE IN THIS SPACE

					1.4
8. The above the obligat	named entity submits this statement for the purpose of chairons of registered agent.	nging its registered	office or registered agent, or both, in the	State of Florida. I am familiar v	vith, and accept
SIGNATURE.					
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Fii Due I	ling Fee is \$50.00 by September 8, 2004	,			
9.	" MANAGING MEMBERS/MANAGERS				
TITLE	MGR			n • • • • • • • • • • • • • • • • • • •	
NAME	UTLEY; ROBERT K III				
STREET ADDRESS	3890 WEST NORTHWEST HWY., STE. 700		•		_ *
CITY-ST-ZIP	DALLAS, TX 75220			*	
TITLE	MGR			•	
NAME .	UTLEY, STEVEN R				
STREET ADDRESS CITY-ST-ZIP	3890 WEST NORTHWEST HWY., STE. 700 DALLAS, TX 75220				
	DALLAS, 1X 75220				
TITLE NAME	!				
STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·	İ
CITY-ST-ZIP	t		DO NO	T WRITE	* 1
TITLE	1		the Trill	CODACE	
NAME	·		in i Hi	S SPACE	
STREET ADDRESS	1				
CITY-ST-ZIP	:				· (
TITLE	5. 1				i
NAME	:				
STREET ADDRESS	1			,	,
CITY-ST-ZIP					,
TITLE					
NAME	ú		•		
STREET ADDRESS	į.		and the second s		

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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE