2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # M02000001160 1. Entity Name

FILED Mar 21, 2006 08:00 Al **Secretary of State**

Principal Place of Business

UHC GP, LLC

Mailing Address

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

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



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-2899706 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

U00000476241 04/06/06-80001-018 50.00

9,	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR UTLEY, ROBERT K III 3890 WEST NORTHWEST HWY., STE. 700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR UTLEY, STEVEN R 3890 WEST NORTHWEST HWY., STE. 700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS DITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information symplied with this filling 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 acquirate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE