2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000002264

USPŚ MIAMI VIII, LLC



Principal Place of Business

Mailing Address

101 NORTH MAIN STREET **SUITE 1203**

101 NORTH MAIN STREET SUITE 1203

GREENVILLE, SC 29601

GREENVILLE, SC 29601 US

FILED May 10, 2007 8:00 am Secretary of State

05-10-2007 90421 018 ****50.00

60050609



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

| DC | NOT | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| | | | iiv iiii3 | SPACE | |
|--|--|---------------------|---|--|--|
| 8. The above the obligat | named entity submits this statement for the purpose of chan ions of registered agent. | iging its registere | d office or registered agent, or both, in the Sta | ite of Florida. I am familiar with, and accept | |
| 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, 2007 | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARDEMON, GLORIA 101 NORTH MAIN STREET SUITE 1203 GREENVILLE, SC 29601 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT | WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS | SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | | | |

11. I hereby certify that the information supplied 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 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.

NAME STREET ADDRESS CITY-ST-2IP

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

Daytime Phone #