2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003780						09-03-2004-90037 024 ****50.00				
1. Entity Name UCH MANAGEMENT GP LLC									i. ii i	
	;		-				2004 SEP	10 P	1. 41	
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Principal Place of Business Malling Address 8 CAMPUS DRIVE 8 CAMPUS DRIVE							SECRE	2012 F	LORIDA	7
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2. Principal Pla	ace of Business	3.	C/C Mailing Address P CAMFUS DRI	REI-I	AW DEPT.					
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Suite, Apt. i	, etc.		Suite, Apt. #, etc.	•		07022004	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State			4. FEI Numbe	r		Ap	plied For
			·			41-211	3199		No	t Applicable
Zip	Country		Zip	Coun	itry	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address	of Current Reg	istered Acent			7. Name and	Address of New			,,
·		Name								
CORPORATION SERVICE COMPANY					Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET TALLAHASSEE, FL 32301-2525										
	}									
					City			FL	Zip Code	9
B. The above	named entity submits this s	statement for the	purpose of changing i	its register	ed office or register	red agent, or bot	h, in the State of F	lorida. I am fa	millar with,	and accept
the obligati	ons of registered agent.						•			
SIGNATURE _	Signature, typed or printed name of r	noistered energi and th	te if englicable (M	OTF: Benisters	ed Agent signature requires	1 when minstelling)		DATE	<u>,</u>	
	*			•			· 是进行。194	pyroto ar prose.		
_ FUI	ing Fee is \$50.00	.				1		ke check pa		
Due t	y September 8, 200	14				ļ	The state of the s	la Departme	nt of State	
9,	MANAGI	NG MEMBERS/	MANAGERS	10.			ADDITIONS	/CHANGES	, K K	
TITLE	MGR		☐ Delete	m					☐ Change	Additlon Additlon
NAME Street address	PRUDENTIAL REAL E 8 CAMPUS DRIVE	STATE CO. F	UND I, LP	NAA Sir	EET ADDRESS					
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CITY-ST-ZIP				CIT	Y-ST-ZIP					
11. I hereby of	certify that the information s	supplied with this	s filing does not qualify	for the exi	emption stated in Some legal effect as if	ection 119.07(3)	i), Horida Statutes	. I further certi	fy that the in	nformation er of the
limited lia	on this report is true and a bility company or the recei	ver or trustee en	npowered to execute th	nis report a	as required by Char	oter 608, Florida	Statutes.			wi with
	KA	bot	- Wilh	\sim		Q	130/04	972-	724.	1442
SIGNAT	URE:	ENTED NAME OF SEC	INING WANAGING MEMBER	MANAGER O	R AUTHORIZED REPRES	ENTATIVE	Cete		yume Phone #	
L			MEMBER				WAGER		-	
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