


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90045 041 ****50.00

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| DOCUMENT # M05000003406 | | | |  | |
| 1. Entity Name UNIVERSITY HEIGHTS - TALLAHASSEE TIC 8, LLC | | | | | |
| Principal Place of Business 709 E. COLORADO BLVD., SUITE 110 PASADENA, CA 91101 | | | Mailing Address 709 E. COLORADO BLVD., SUITE 110 PASADENA, CA 91101 | | |
| 2. Principal Place of Business | | 3. Mailing Address PO Box 30907 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Palm Beach Gardens, FL | | | |
| Zip | Country | Zip 33420-0907 | Country USA | 4. FEI Number 296-36-7148 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PACIFIC REGISTERED AGENTS INC. 92 SADBERRY ROAD QUINCY, FL 32351 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRAHAM-BERGIN, ANNE 2205 E. SPEEDWAY TUCSON, AZ 85719 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JULIE FENIX 714 Sandy Point Lane N. Palm Beach, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 11. I hereby certify that the information supplied with this filing 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. | | | | | |
| SIGNATURE: <i>Julie Fenix</i> | | 14 March 06 | | 561-622-9678 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |