APR-21-2008 12:42 From:2188257312

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/7

FILED
May 27, 2008 8:00 am
Secretary of State
04-24-2008 90010 005 ***138.75

DOCUMENT # M05000003409

1. Entity Name
UNIVERSITY HEIGHTS - TALLAHASSEE TIC 10, LLC

Principal Place of Business	Mailing Address
225 S. LAKE AVE SUITE 630 PASADENA, CA 91101	225 S. LAKE AVE SUITE 630 PASADENA, CA 91101

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 473-46-6957 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $6.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PACIFIC REGISTERED AGENTS INC. 5847 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411	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 _____ DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $638.75

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Clark D. Johnson MGRM 4109 Sunset View Rd Nisswa MN 56468	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clark D Johnson 4109 Sunset View Rd. Nisswa, MN. 56468	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 manager(s) member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Clark D. Johnson 4-21-08

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #