

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-13-2006 90034 045 \*\*\*\*50.00  
M05000003412

**FILED**

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60023406 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01212006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # M05000003412</b> 1. Entity Name <b>UNIVERSITY HEIGHTS - TALLAHASSEE TIC 12, LLC</b>					
Principal Place of Business <b>709 E. COLORADO BLVD., SUITE 110 PASADENA, CA 91101</b>			Mailing Address <b>709 E. COLORADO BLVD., SUITE 110 PASADENA, CA 91101</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PACIFIC REGISTERED AGENTS INC. 92 SADBERRY ROAD QUINCY, FL 32351</b>			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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRAHAM-BERGIN, ANNE 2205 E. SPEEDWAY TUCSON, AZ 85719</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.					
<b>SIGNATURE:</b> <i>Patricia Kelley</i>			Date: <b>4-9-06</b> (510) 471-0652		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					