## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # M9900000052 1. Entity Name SUH UFLA, L.L.C. Principal Place of Business Mailing Address 6363 WOODWAY, SUITE 1000 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057-1757 HOUSTON, TX 77057-1757 01062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0594168 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 Signature typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FIMC GAINESVILLE, INC. U00000031719 02/04/04-80160-005 50.00 6363 WOODWAY, SUITE 1000 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77057 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is frue and accurate and that rify signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited hability companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS