## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # M99000000053 1. Entity Name SUH FLORIDA STATE 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 76-0594164 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 Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBÈRS/MANAGERS 9. TITLE MGR FIMC TALLAHASSEE, INC. STREET ADDRESS 6363 WOODWAY, SUITE 1000 CITY - ST- ZIP HOUSTON, TX 77057 U00000031727 02/04/04-80160-008 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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)(1), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

Daylime Phone #