

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 149639		Exact name of the limited liability company F University Heights LLC				
3. State of Formation 4. Brief description of the character of the but Real Estate Investment			siness which is actually conducted in R	Phode Island		
5. Principal office address 5510 Morehouse Drive, Suite 200			City San Diego	State CA	Zip 92121	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Richard Swanson			NAME OR TITLE OF CONTACT PERSON: Contact Title VP- Director of Tax			
Street Address 5510 Morehouse Dr. Suite 200			City San Diego	State CA	Ζίρ 92121	
7. NAME AND ADD	RESS OF EACH MANA FILL IN	GER OF THE LIMITEI SPACES BEFORE USIN	LIABILITY COMPANY, IF AIG ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT</u> FOR ATTACHMENT) F	<u>LIST MEMBERS</u>	
Manager Name FF Properties Inc			Manager Name			
Street Address 5510 Morehouse Drive Ste 200			Street Address			
City San Diego	State CA	Zip 92121	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Сцу	State	Zip	City	State	Zip	
	I' IN RHODE ISLAND irrently of record in the	Office of the Secretary o	f State. Changes require filing of	FForm 642 - R.I.G.1 7-1	6-11	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

149639

File Date	10-19-09
Check No	150000
Bv:	mnc
FC	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements tained herein are true and correct

Signature of Authorized Person

Date

Richard Swanson

Print or Type Name of Authorized Person