State of Rhode Island and Pro Department of State	vidence Plantations Business Services Division
Annual Report for the year:	2016
Limited Liability Company	

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000831020	FFI University Heights LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	Real Estate Investment						
5. State of Formation	1						
DE							
6. Principal Office Address			City	State	Zip		
5510 Morehouse Dr., Ste 200			San Diego	CA	92121		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Richard Swanson	ntact Name Richard Swanson		Contact Title VP-Director of Tax				
Street Address 5510 Morehouse Dr., Ste 200		^{City} San Diego	State CA	^{Zip} 92121			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name FFI GP, Inc.	ager Name FFI GP, Inc.			Manager Name			
Street Address 5510 Morehouse Drive, Suite 200		Street Address					
^{City} San Diego	State CA	^{Zip} 92121	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Person Date							
Richard Swanson				10-2	10-21-16		
Signature of Authorized Person							
1							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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