



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 149639		2. Exact name of the limited liability company FF University Heights LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT	
5. Principal office address 5510 Morehouse Dr. Ste 200		City San Diego	State CA
		Zip 92121	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Swanson		Contact Title V.P.	
Street Address 5510 Morehouse Dr. Ste 200		City San Diego	State CA
		Zip 92121	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name FF PROPERTIES Inc		• Manager Name	
Street Address 5510 Morehouse Dr. Ste 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
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Corporation Service Company (CSC)		Address	
Address Eg 222 Jefferson Blvd Ste 200		City Warwick	Zip 02888

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date	10/28/05
Check No.	12357
By:	<i>[Signature]</i>
FOR 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 contained herein are true and correct.

[Signature] 10/24/05
Signature of Authorized Person Date
Richard Swanson, V.P.
Print or Type Name of Authorized Person