

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020778

FILED
Feb 27, 2006
Secretary of State

Entity Name: WESTON INVESTMENTS LLC

Current Principal Place of Business:

2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON, FL 33331

New Mailing Address:

FEI Number: 26-0020795 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LASCURAIN, EUGENIO
2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON, FL 33331 US

Name and Address of New Registered Agent:

UNITED TEAM GROUP
2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON, FL 33331 US

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.

SIGNATURE: EUGENIO LASCURAIN 02/27/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LASCURAIN, EUGENIO
Address: 2625 EXEUCTIVE PARK DR. #5
City-St-Zip: WESTON, FL 33331

Title: MGRM (X) Delete
Name: LASCURAIN, MARIA C
Address: 2625 EXEUCTIVE PARK DR. #5
City-St-Zip: WESTON, FL 33321

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UNITED PROPERTIES, I, NC.
Address: 2625 EXEUCTIVE PARK DR. #5
City-St-Zip: WESTON, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCISCO ANGULO MGRM 02/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date