
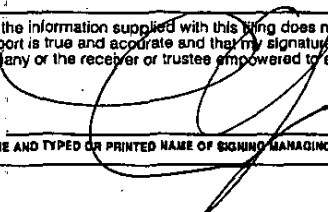


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-05-2004 90011 011 ***150.00

DOCUMENT # L02000027885					
1. Entity Name UNITED CAPITAL TRUST, LLC					
Principal Place of Business 8390 W FLAGLER STREET 213 MIAMI, FL 33145 US			Mailing Address 8390 W FLAGLER STREET #213 MIAMI, FL 33144 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 35-2189729	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI, FL 33145				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
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 the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APARICIO, LUIS			NAME	
STREET ADDRESS	8390 W FLAGLER STREET, STE 213			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 5-17-04 Daytime Phone # 305-220-9927	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

34001000



Attachment

34007070
20200027885

Security enhanced document copy back for deposit

1001

63-1133/660
01

UNITED CAPITAL TRUST LLC
8390 W. FLAGLER ST. STE. 213
MIAMI, FL 33145

DATE: 4/19/04

PAY TO THE ORDER OF: Florida Department of State - Division of Corporations \$150 =

One hundred fifty DOLLARS

OB
OCEAN BANK
780 N.W. 42ND AVE.
MIAMI, FLORIDA 33126

FOR 352189729

[Redacted Signature]

MP

I'm enclosing a copy of our check that you dept.
Thank you.