2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000001067

Entity Name

UNITED DEVELOPMENT, L.L.C.



Principal Place of Business

7800 W. OAKLAND PARK BLVD.

BLDG, G SUNRISE, FL 33351 Mailing Address

7800 W. OAKLAND PARK BLVD.

BLDG. G

SUNRISE, FL 33351





03312008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number 33-1040891 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIGEON, ROMAIN 1955 N.E. 124 STREET NORTH MIAMI, FL 33181

SIGNATURE:

DO NOT WRITE IN THIS SPACE

b. 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			
JIGINATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agen) signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIGEON, ROMAIN 1955 N.E. 124 STREET NORTH MIAMI, FL 33181	i o	U00000948192 06/02/08~80044-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MA AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

APRIL