

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90023 038 ****50.00

60036263



DOCUMENT # L04000020429			
1. Entity Name UNIVIRTUAL, LLC			
Principal Place of Business 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224		Mailing Address 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224	
2. Principal Place of Business 10407 Centurion Pkwy N		3. Mailing Address 10407 Centurion Pkwy N	
Suite, Apt. #, etc. Suite 112		Suite, Apt. #, etc. Suite 112	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32256	Country USA	Zip 32256	Country USA
4. FEI Number 20-0943180		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 HENDERSON KEASLER LAW FIRM, P.A. 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name KEASLER LAW FIRM, P.A. Street Address (P.O. Box Number is Not Acceptable) 10407 Centurion Pkwy N, Suite 112 City Jacksonville FL Zip Code 32256	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEASLER, FRANK R. JR. 4309 PABLO OAKS COURT, SUITE FIVE JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T KEASLER, FRANK R. JR. 10407 Centurion Pkwy N, Suite 112 Jacksonville, FL 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Frank R. Keasler</i>		Date: 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	