

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048434

FILED
Apr 30, 2006
Secretary of State

Entity Name: UNISON INVESTMENTS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

832 N THORNTON AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

832 N THORNTON AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-1298879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEH, MAO-SUNG
380 N STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YEH, MAO-SUNG
Address: 380 N STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: LIN, HSIANG YIN
Address: 808 JOHN STREET
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Delete
Name: LIANG, BRIAN
Address: 832 N THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YEH, MAO-SUNG
Address: 380 N STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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: BRIAN LIANG

MRGM

04/30/2006

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