

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 16, 2009  
Secretary of State**

DOCUMENT# L05000040173

**Entity Name:** UNITED CAPITAL ASSET MANAGEMENT LLC

**Current Principal Place of Business:**

240 CRANDON BOULEVARD, SUITE 101  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

240 CRANDON BOULEVARD, SUITE 167  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 32-0147160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOREZ, PETER  
240 CRANDON BOULEVARD, SUITE 167  
KEY BISCAYNE, FL 33149    US

**Name and Address of New Registered Agent:**

KORCZ, PETER  
240 CRANDON BOULEVARD, SUITE 167  
KEY BISCAYNE, FL 33149    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: PETER KORCZ

10/16/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DEVANEY, DENNIS J  
Address: 240 CRANDON, SUITE 167  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: D. JOHN DEVANEY

MGR

10/16/2009

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