## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE and TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER

## FILED Apr 21, 2008 8:00 am Secretary of State

| DOCUI<br>1. Entity Nam<br>UWL1, LL  | ne                                 | # L060          | 001135   | 545  |  |   |                                  |   | 04-21-200   | 8 90320 043          | ***138                           | 3.75                    |  |
|---|------------------------------------|-----------------|--|--|--|---|----------------------------------|---|---|----------------------|----------------------------------|-------------------------|--|
| Principal Place of Business 700 W HILLSBORO BLVD STE 3-207 DEERFIELD BEACH, FL 33441 US   |                                    |                 |  | Mailing Address 700 W HILLSBORO BLVD STE 3-207 DEERFIELD BEACH, FL 33441 US                |  |   |                                  |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                     | ***<br>***           |                                  |                         |  |
| 2. Principal Place of Business - No P.O. Box #  |                                    |                 |  | 3. Mailing Address   |  |   |                                  | 77.04   |   |                      |                                  |                         |  |
| Suite, Apt. #, etc.   |                                    |                 |  | Suite, Apt. #, etc.  |  |   |                                  | 02262008  | Chg-LLC   | CR2E083 (            | 12/06)                           |                         |  |
| City & State  |                                    |                 |  | City & State   |  |   |                                  | 4. FEI Numb   | 12396 <i>20</i> -   | 5948902              | _                                | plied For<br>Applicable |  |
| Zip   | Country                            |                 |  | Zip Coun   |  | ntry  | 5. Certificate of Status Desired |   |   |                      | S \$5.00 Additional Fee Required |                         |  |
| 6. Name and Address of Current R  |                                    |                 |  | egistered Agent  | 7. Name and Address of New Registered Agent Name   |   |                                  |   |   |                      |                                  |                         |  |
| CORPORATION SERVICE COMPANY   |                                    |                 |  |  | 1481118  |   |                                  |   |   |                      |                                  |                         |  |
| 1201 HAYS STREET<br>TALLAHASSEE, FL 32301   |                                    |                 |  |  | Street Address (P.O. Box Number is Not Acceptable) |   |                                  |   |   |                      |                                  |                         |  |
|   |                                    |                 |  | •  | City   | City FL Zip Code  |                                  |   |   |                      | !                                |                         |  |
| 8. The above  | named entity                       | v submits this  | statement for  | the purpose of changing its  | ed office or                                       |   |                                  |   |   |                      |                                  |                         |  |
| 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 Synature, typed or printed name of registered agent and tide diapplicable (NOTE, Registered Agent signature required when reinstating)  DATE  |                                    |                 |  |  |  |   |                                  |   |   |                      |                                  |                         |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |                                    |                 |  |  |  |   |                                  | Make check payable to<br>Florida Department of State                              |   |                      |                                  |                         |  |
| 9.  | MGRM                               | MANAG           | ING MEMBER   | IS/MANAGERS  | 10.  | _ 1   | M7.                              | 0 4 4   | ADDITION  | S/CHANGES            | Change                           | - Addition              |  |
| TITLE<br>NAME   |                                    | E WATER, L      | .LC  | Delete TITLE   |  |   | MGRM<br>ULTIMATE                 |   | WATER L   |                      |                                  | Addition                |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                    | OF COMM         | ERCE DRIV<br>3487  | Ē.   | LET ADDRESS<br>'-ST-ZIP                            | TOO W. HILLSON BLVD, Suite 3-207<br>DEERFIELD BEACH FL 33 441 |                                  |   |   |                      |                                  |                         |  |
| MILE  | MGRM                               |                 |  | ☐ Delete   | E  | MACONA / TOTChange  |                                  |   | Addition  |                      |                                  |                         |  |
| NAME<br>STREET ADDRESS  |                                    | ID, ROBERT      | T<br>ERCE DRIV   | E  | ie<br>Eet address                                  | HAI   | MOND                             | ROBERI  | U.VO. SUIT  | E 3~ 0               | 207                              |                         |  |
| CITY-SI-ZIP   |                                    | TON, FL 33      |  |  |  | '-ST-ZIP  | 06                               | HAMMOND ROBERT<br>700 W. HILLS BORD BLVD, SUITE 3-207<br>DEFXFIELD BERCH FL 33441 |   |                      |                                  |                         |  |
| TITLE   |                                    |                 |  | ☐ Delete   | titu   |   |                                  |   | 7   |                      | Change                           | ☐ Addition              |  |
| NAME<br>SIRELI ADDRESS  |                                    | •               |  |  | NAM<br>STRE  | E<br>EET ADORESS  |                                  |   |   |                      |                                  |                         |  |
| CITY-ST-ZIP   |                                    | <del> </del>    |  |  | CITY   | '-ST-ZIP  |                                  |   |   |                      |                                  |                         |  |
| TITLE   |                                    |                 |  | ☐ Delete   | TITL   |   |                                  |   |   |                      | Change                           | Addition                |  |
| NAME<br>STREET ADDRESS  |                                    |                 |  |  | NAM<br>STRE  | eet address   |                                  |   |   |                      |                                  |                         |  |
| CITY-ST-ZIP   |                                    |                 |  |  | CITY   | r-ST-ZIP  |                                  |   |   |                      |                                  |                         |  |
| TITLE<br>NAME   |                                    |                 |  | ☐ Delete : TITLE<br>NAME   |  |   |                                  |   |   |                      | Change                           | ☐ Addition              |  |
| STREET ADDRESS  |                                    |                 |  |  |  | EE1 ADDRESS   |                                  |   |   |                      |                                  |                         |  |
| CITY-ST-ZIP   |                                    |                 |  |  |  | r-ST-ZIP  |                                  |   |   |                      |                                  | <u> </u>                |  |
| NAME  |                                    |                 | ١  | ☐ Delete   | TITL'<br>NAM                                       |   |                                  |   |   | U                    | Change                           | ☐ Addition              |  |
| STREET ADDRESS  |                                    |                 | ]  |  | STRE   | EET ADDRESS   |                                  |   |   |                      |                                  |                         |  |
| C1[Y-S1-ZIP   | sartifu that the                   | a intermedian   | Nonlind with I   | bio filian dans and swellfu  | ,  | /-SI-ZIP  | atalaad                          | ia Chantas 110  | ) Florido Statutos  | Livethor cortifu the | t the infe                       | emotion                 |  |
| indicated   | certify that the<br>Lon this repor | t is true and a | supplied with the supplied wit | his filing does not qualify to<br>hat my signature shall have<br>empowered to execute this | the same   | e legal effer<br>e required b                                 | ntained<br>of as if m            | in Chapter 118<br>hade under oal<br>ter 608. Florida                              | a, Florida Statutes.<br>Th; that I am a mar<br>a Statutes | naging member or     | manage                           | r of the                |  |
| 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 repeiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. |                                    |                 |  |  |  |   |                                  |   |   |                      |                                  |                         |  |
| SIGNATURE: 3/28/08 974-573-6587   |                                    |                 |  |  |  |   |                                  |   |   |                      |                                  | 28/                     |  |
| 0.0.0   | SIGNATURE A                        | ND TYPED OR PI  | RINTED NAME OF   | SIGNING MANAGING MEMBER, MA  | NAGER, OF  | RAUTHORIZED   | REPRESE                          | NTATIVE   | Date  | Daytime              | Phone #                          |                         |  |