

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037626

Entity Name: UNITED LOAN SERVICES, LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 20-0406345 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:

Name and Address of New Registered Agent:

BARED, PABLO R ESQ
BARED AND ASSOC., P.A.
1500 SAN REMO AVE., STE. 248
CORAL GABLES, FL 33146 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ DE MESA, SERGIO
Address: 2120 NE 117 RD
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR () Delete
Name: LOPEZ DE MESA, SILVIA
Address: 2120 NE 117 RD
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ DE MESA, SERGIO
Address: 2120 NE 117 RD
City-St-Zip: NORTH MIAMI, FL 33181

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: SERGIO LOPEZ DE MESA

MGRM

05/22/2007

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