

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009182

Entity Name: UNITED CONSULTANTS, LLC

FILED  
Apr 19, 2007  
Secretary of State

**Current Principal Place of Business:**

4981 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

4981 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837 US

**New Mailing Address:**

FEI Number: 59-3724076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVARADO, VICTOR M  
4981 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837 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: REIMPELL, MARTA L  
Address: 4981 BRIGHTMOUR CIRCLE  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR ( ) Delete  
Name: ALVARADO, VICTOR M  
Address: 4981 BRIGHTMOUR CIRCLE  
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REIMPELL, MARTA L  
Address: 4981 BRIGHTMOUR CIRCLE  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM (X) Change ( ) Addition  
Name: ALVARADO, VICTOR M  
Address: 4981 BRIGHTMOUR CIRCLE  
City-St-Zip: ORLANDO, FL 32837 US

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: VICTOR ALVARADO

MGRM

04/19/2007

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