

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90032 040 \*\*\*\*50.00

**20038911**



04242006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L01000021444</b> 1. Entity Name <b>UNITED PARTNERS LLC</b>																																																																	
Principal Place of Business <b>5786 ENTERPRISE PARKWAY FORT MYERS, FL 33905 US</b>			Mailing Address <b>PO BOX 2449 FORT MYERS, FL 33902</b>																																																														
2. Principal Place of Business <b>5007 SW 13th Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>5007 SW 13th Ave</b> Suite, Apt. #, etc.		4. FEI Number <b>65-1143347</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>																																																													
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>																																																															
Zip <b>33914</b>		Zip <b>33914</b>																																																															
Country <b>Lee</b>		Country <b>Lee</b>																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																													
6. Name and Address of Current Registered Agent <b>BOYD, BROCK 5786 ENTERPRISE PARKWAY FORT MYERS, FL 33905</b>																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOYD, BROCK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2449</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33902</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	BOYD, BROCK		STREET ADDRESS	PO BOX 2449		CITY-ST-ZIP	FORT MYERS, FL 33902		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete																																																															
NAME	BOYD, BROCK																																																																
STREET ADDRESS	PO BOX 2449																																																																
CITY-ST-ZIP	FORT MYERS, FL 33902																																																																
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOYD, BROCK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2449</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33902</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	BOYD, BROCK		STREET ADDRESS	PO BOX 2449		CITY-ST-ZIP	FORT MYERS, FL 33902		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.															
TITLE	MGR	<input checked="" type="checkbox"/> Delete																																																															
NAME	BOYD, BROCK																																																																
STREET ADDRESS	PO BOX 2449																																																																
CITY-ST-ZIP	FORT MYERS, FL 33902																																																																
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
TITLE		<input type="checkbox"/> Delete																																																															
NAME																																																																	
STREET ADDRESS																																																																	
CITY-ST-ZIP																																																																	
SIGNATURE:		Date <b>0426-06</b> Daytime Phone # <b>239340-4662</b>																																																															