

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Aug 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000002447 1. Entity Name UNIVERSAL MARKETING, LLC	
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Principal Place of Business 1000 W. ISLAND BLV. #812 NORTH MIAMI BEACH FL 33160	Mailing Address 1000 WEST ISLAND BOULEVARD, #812 AVENTURA FL 33160
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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2nd MOORE CR2E083 (5/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 04-3609246	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BIELER, WILLIAM H 1000 WEST ISLAND BOULEVARD, #812 AVENTURA FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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.

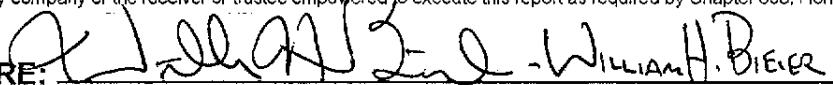
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIELER, WILLIAM H 1000 WEST ISLAND BOULEVARD, #812 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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U00000376893
 08/22/05-80007-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **William H. Bieler** 8/8/05 786-412-1006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #