2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002919

1. Entity Name
UCCI DEVELOPMENT COMPANY OF THE PALM BEACHES, LLC

FILED
2005 DEC -2 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
213 SOUTHERN BLVD WEST PALM BEACH, FL 33405-2737	213 SOUTHERN BLVD WEST PALM BEACH, FL 33405-2737

2. Principal Place of Business	3. Mailing Address
% Holyfield & Thomas, LLC	% Holyfield & Thomas, LLC
Suite, Apt. #, etc. 1601 Forum Place, Ste 801	Suite, Apt. #, etc. 1601 Forum Place, Ste 801
City & State West Palm Bch, FL 33401	City & State West Palm Bch, FL 33401
Zip / Country	Zip / Country

04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number
75-2993847
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARKE, JAMES W 213 SOUTHERN BLVD WEST PALM BEACH, FL 33405-2737	Name David J. Thomas, CPA Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place, Ste 801 City: West Palm Beach **FL** Zip Code: 33401

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: David J. Thomas 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	UCCI, ANDREA	NAME	
STREET ADDRESS	11199 POLO CLUB ROAD, STE. D	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/29/05-90145-002-$50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 11/22/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

mgr