2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016202

Entity Name: UDEFINEU, LLC

FILED Aug 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O LUIS A. FIGUEROA, ESQ. 815 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

C/O LUIS A. FIGUEROA, ESQ. 815 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134

FEI Number: 06-1644092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

FIGUEROA, LUIS A ESQ 815 PONCÉ DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition FIGUEROA, LOURDES M FIGUEROA, LOURDES M Name: Name:

Address: 1600 SW 99 AVE. Address: 1627 BRICKELL AVENUE - APT. #2407

City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete Title: () Change () Addition

Name: FIGUEROA, LUIS A Name: Address: 1600 SW 99 AVE. Address: City-St-Zip: MIAMI, FL 33165 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: LOURDES M. FIGUEROA **MGRM** 08/10/2009