

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000029719

FILED
Jul 19, 2006
Secretary of State**Entity Name:** UNITED, LLC**Current Principal Place of Business:**1118 EAST ATLANTIC AVENUE
A
DELRAY BEACH, FL 33483 US**New Principal Place of Business:****Current Mailing Address:**1118 EAST ATLANTIC AVENUE
A
DELRAY BEACH, FL 33483 US**New Mailing Address:****FEI Number:** 47-0895765**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AIKEN, WILLIAM D CPA
2511 PARK STREET
LAKE WORTH, FL 33460 US**Name and Address of New Registered Agent:**ROSE, CHERYL LYNN
1118 EAST ATLANTIC AVENUE
A
DELRAY BEACH, FL 33483 US

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: CHERYL LYNN ROSE

07/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: WHEELER, ALINE P
Address: 1118 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 US**Title:** MGR () Delete
Name: WHEELER, SCOTT J
Address: 736 SHORE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: ROSE, CHERYL LYNN
Address: 1118 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: CHERYL LYNN ROSE

MGR

07/19/2006

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