

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007405

Entity Name: USL EMPLOYEE GROUP, LC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

14920 ORANGE AVE
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

14920 ORANGE AVE.
FT. PIERCE, FL 34945

New Mailing Address:

P.O. BOX 13348
FT. PIERCE, FL 34979

FEI Number: 65-1021559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, GAYLE L
14920 ORANGE AVE.
FT. PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, GAYLE L
Address: 14920 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945

Title: MGRM () Delete
Name: PURVIS, JOHN
Address: 14920 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945

Title: MGRM () Delete
Name: WADSWORTH, CHRISTOPHER
Address: 3040 SW CAPTIVO CT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAYLE MOORE

MGM

04/21/2006

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