



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055842</b> 1. Entity Name UNITED METHODIST, LLC	
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Principal Place of Business P.O. BOX 770277 NAPLES, FL 34107 US	Mailing Address P.O. BOX 770277 NAPLES, FL 34107 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04252007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 04-4606731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HANNAH, DOUGLAS J 6632 TRAIL BLVD NAPLES, FL 34108	<b>DO NOT WRITE IN THIS SPACE</b>
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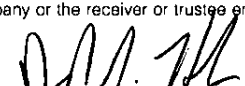
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNAH, DOUGLAS J P.O. BOX 770277 NAPLES, FL 34107
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U000000743203  
05/15/07-80099-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
<b>SIGNATURE:</b> 	<b>4/25/07</b>	<b>239/597-7900</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>