

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90016 049 ***138.75

DOCUMENT # L04000008218

1. Entity Name
 UBTC, LLC

Principal Place of Business
 6535 VALEN WAY, #202
 NAPLES FL 34108

Mailing Address
 6535 VALEN WAY, #202
 NAPLES FL 34108

2. Principal Place of Business - No P.O. Box #
 5555 Heron Point Dr.

3. Mailing Address



Suite, Apt. #, etc.
 # 402

City & State
 Naples, FL

Zip
 34108

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/07)

EI Number 20-2308350 Applied For Not Applicable

6. Name and Address of Current Registered Agent

LUSBY, ROGER W JR
 6535 VALEN WAY, #202
 NAPLES FL 34108

7. Name and Address of Registered Agent

ROGER W LUSBY JR
 MARGOT M LUSBY
 2157 STOCKTON WALK WAY
 SNELLVILLE, GA 30078

FL Zip Code

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 *Roger W. Lusby Jr* DATE 4/10/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008, Fee Will Be \$338.75
 Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	LUSBY, ROGER W JR 6535 VALEN WAY, #202 NAPLES FL 34108	TITLE ROGER W LUSBY JR MARGOT M LUSBY 2157 STOCKTON WALK WAY SNELLVILLE, GA 30078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE MGRM	LUSBY, MARGARET 6535 VALEN WAY #202 NAPLES FL 34108	TITLE ROGER W LUSBY JR MARGOT M LUSBY 2157 STOCKTON WALK WAY SNELLVILLE, GA 30078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address & correct name
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Roger W. Lusby Jr* DATE 4/10/08 TELEPHONE # 770-978-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE