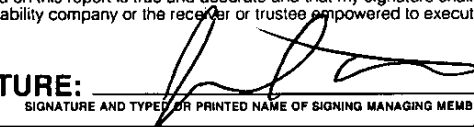


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90001 048 ****50.00

DOCUMENT # L04000024420 1. Entity Name UNITED PROPERTIES, LLC					
Principal Place of Business 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418			Mailing Address 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business <i>1511 Prosperity Farms Road</i> Suite, Apt. #, etc. <i>#300</i>		3. Mailing Address <i>1511 Prosperity Farms RD</i> Suite, Apt. #, etc. <i>#300</i>			
City & State <i>Lake Park FL</i>		City & State <i>Lake Park FL</i>		4. FEI Number 57-120-1837	
Zip <i>33403</i>		Country <i>Palm Beach</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  DATE _____ <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBB, JACOB 1047 SHADY LAKE CIR PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date <i>06/21/05</i> Daytime Phone # <i>501-296-8900 ext 104</i>			