


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90020 018 ****50.00

DOCUMENT # L04000028839	
1. Entity Name UNITY HOLDINGS, LLC	

Principal Place of Business 1031 LASALLE STREET JACKSONVILLE, FL 32207	Mailing Address 1031 LASALLE STREET JACKSONVILLE, FL 32207
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20056233

2. Principal Place of Business 6101 Gazebo Park Place N	3. Mailing Address 6101 Gazebo Park Place N
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Suite 107
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32257	Country USA



02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1050704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHEFFIELD & BOATRIGHT, P.A. 4209 BAYMEADOWS ROAD, STE. 4 JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6101 GAZEBO PARK PLACE STE 101 City FL Zip Code 32257

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 <i>Scott H. Boach, atty</i>	DATE 4/28/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHACTER, DAVID A 1031 LASALLE STREET JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6101 GAZEBO PARK PLACE STE 101 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>David A. Shacter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 04-28-2005 Date 904-399-2501 Daytime Phone #