2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 29, 2006
Secretary of State

DOCUMENT# L04000042175

Entity Name: UCA, LLC

Current Principal Place of Business:

904 E. MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

904 E. MOODY BLVD.
BUNNELL, FL 32110

New Mailing Address:

PO BOX 579
BUNNELL, FL 32110

FEI Number: 51-0510432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOSKINS, PATRICIA
11 POPE LANE
PALM COAST, FL 32164 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: PATRICIA HOSKINS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HOSKINS, PATRICIA	
Address:	11 POPE LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGRM	( ) Delete
Name:	ALFARO, GERARDO	
Address:	102 FLORIDA PARK DRIVE	
City-St-Zip:	PALM COAST, FL 32137	
Title:	MGRM	( ) Delete
Name:	GIMENEZ, VICTOR	
Address:	2 COOPER COURT	
City-St-Zip:	PALM COAST, FL 32137	
Title:	MGRM	( ) Delete
Name:	CALA, ORLANDO	
Address:	2220 CALLE LISETA	
City-St-Zip:	SAN DIMAS, CA 91773	

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:	
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: PATRICIA HOSKINS PRES 06/29/2006

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