

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042175

Entity Name: UCA, LLC

FILED  
Feb 23, 2007  
Secretary of State

**Current Principal Place of Business:**

904 E. MOODY BLVD.  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 579  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 51-0510432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:

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 (X) Delete  
Name: ALFARO, GERARDO  
Address: 102 FLORIDA PARK DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) 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

MGRM

02/23/2007

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