2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # L04000053959** 1. Entity Name **UKAG GROUP, LLC** Mailing Address Principal Place of Business 6162 SEA GRASS LN 6162 SEA GRASS LN NAPLES, FL 34116 US NAPLES, FL 34116 04192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-1413156 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILIC, QUENTIN DO NOT WRITE 6162 SEA GRASS LN NAPLES, FL 34116 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM U00000724836 05/02/07-80129-012 50.00 AG MANAGEMENT GROUP, LLC NAME STREET ADORESS 6162 SEA GRASS LN NAPLES, FL 34116 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MALE STREET ADORESS CITY-ST-ZIP TITLE MALIF STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Horida 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 eath; 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.

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PRATURE.

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Daytime Phone #

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