2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 02, 2005 8:00 am Secretary of State DOCUMENT # L04000054094 1. Entity Name 05-02-2005 90083 042 ****50.00 UNIVERSAL INVESTIGATIONS, LLC Principal Place of Business Mailing Address 1221 ROGERS STREET 1221 ROGERS STREET SUITE A CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number *20* - 1390828 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINLEY, MYRON G 1221 ROGERS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE B **CLEARWATER FL 33756** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME BAUER, SHELDON W STREET ADDRESS 1221 ROGERS STREET, SUITE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE ☐ Delete TITLE Change ☐ Addition GIORDANO, EDMUND F NAME NAME STREET ADDRESS STREET ADDRESS 1221 ROGERS STREET, SUITE A CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 table 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 truttee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #