

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000054094**

1. Entity Name  
UNIVERSAL INVESTIGATIONS, LLC



Principal Place of Business 1221 ROGERS STREET SUITE A CLEARWATER, FL 33756 US	Mailing Address 1221 ROGERS STREET SUITE A CLEARWATER, FL 33756 US
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**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1390828	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

FINLEY, MYRON G  
1221 ROGERS STREET  
SUITE B  
CLEARWATER, FL 33756

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

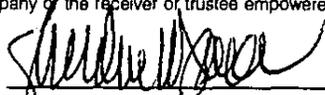
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUER, SHELDON W 1221 ROGERS STREET, SUITE A CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIORDANO, EDMUND F 1221 ROGERS STREET, SUITE A CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000683170  
04/05/07-80034-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       Date: March 26, 2007      Daytime Phone #: 727-441-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #