

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076735

FILED
Mar 09, 2009
Secretary of State

Entity Name: UWCP LLC

Current Principal Place of Business:

3320 NE 32ND STREET
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

18 OCEAN DR.
ST. AUGUSTINE, FL 32080

New Mailing Address:

3320 NE 32ND STREET
FORT LAUDERDALE, FL 33308 US

FEI Number: 37-1499076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAVON, BRUCE P ATTY
18 OCEAN DRIVE
ST AUGUSTINE, FL 32080 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: ZAVON, BRUCE P
Address: 18 OCEAN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: CANON, RYAN
Address: 3320 NE 32ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: PERRY, RICHARD
Address: 3320 NE 32ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZAVON, BRUCE P
Address: 1325 4TH AVE. STE 940
City-St-Zip: SEATTLE, WA 98101

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 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: BRUCE PAUL ZAVON

MGRM

03/09/2009

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