

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090075

Entity Name: URT-FL1, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

295 GRANDE WAY
NAPLES, FL 34110

New Principal Place of Business:

C/O COX & NICI, 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Current Mailing Address:

295 GRANDE WAY
NAPLES, FL 34110

New Mailing Address:

P.O. BOX 111418
NAPLES, FL 34108 US

FEI Number: 34-5113152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 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 (X) Delete
Name: UNITED REVOCABLE TRU, ST
Address: P.O. BOX 111419
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: DIMUCCI, ROBERT
Address: P.O. BOX 111418
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DIMUCCI, AS TRUSTEE, ROBERT
Address: P.O. BOX 111418
City-St-Zip: NAPLES, FL 34108 US

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: ROBERT J. DIMUCCI, AS TRUSTEE

MGRM

05/01/2006

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