

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090780

Entity Name: UKELL LLC

FILED
Aug 21, 2006
Secretary of State

Current Principal Place of Business:

225 MAIN ST
7L
DESTIN, FL 32541

New Principal Place of Business:

4399 STILLING CIRCLE
DESTIN, FL 32541

Current Mailing Address:

225 MAIN ST
7L
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 5560
DESTIN, FL 32540

FEI Number: 20-2012446 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:

UNANGST, BRUCE E
225 MAIN ST.
7L
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

UNANGST, BRUCE E
4399 STILLING CIRCLE
DESTIN, FL 32541 US

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: BRUCE UNANGST

08/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UNANGST, BRUCE E
Address: 225 MAIN ST STE. 7L
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Delete
Name: UNANGST, CHRIS M
Address: 225 MAIN ST. STE 7L
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UNANGST, BRUCE E
Address: 4399 STILLING CIRCLE
City-St-Zip: DESTIN, FL 32541

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

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: BRUCE UNANGST

MEM

08/21/2006

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