2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L05000040228

Entity Name: UNITED DEVELOPMENT VENTURES LLC

Current Principal Place of Business:

490 HARBOR DRIVE SOUTH
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 760
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 34-2047340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMLIN, J. RUSSELL
1051 WINDERLEY PLACE, SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

HAMLIN, J. RUSSELL
555 WINDERLEY PLACE
SUITE 400
MAITLAND, FL 32751 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: _____ 01/12/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAMLIN, RICHARD N
Address: P.O. BOX 760
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM ( ) Delete
Name: HAMLIN, ANNE T
Address: P.O. BOX 760
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HAMLIN, RICHARD N
Address: 490 HARBOR DRIVE SOUTH
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM (X) Change ( ) Addition
Name: HAMLIN, ANNE T
Address: 490 HARBOR DRIVE SOUTH
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: ANNE T HAMLIN MS 01/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date