

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061521

FILED
Feb 18, 2008
Secretary of State

Entity Name: UNLIMITED ACCESS INTERNATIONAL, LLC

Current Principal Place of Business:

21218 ST. ANDREWS BOULEVARD
#512
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

21218 ST. ANDREWS BOULEVARD
#512
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 37-1511824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLUSHER, JEREMY ESQ.
ONE NORTH CLEMATIS STREET
#500
WEST PALM BEACH, FL 33401 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: MGR () Delete
Name: UAI MANAGEMENT, LLC,
Address: 21218 ST. ANDREWS BOULEVARD, #512
City-St-Zip: BOCA RATON, FL 33433 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: ESTRA, BRADFORD
Address: 5424 GRAND PARK PLACE
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Change (X) Addition
Name: MILLER, SCOTT
Address: 420 NE 7TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: SCOTT MILLER

MGR

02/18/2008

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