

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065824

FILED
Apr 06, 2006
Secretary of State

Entity Name: UNIT LAYOUTS, LLC

Current Principal Place of Business:

6000 SAN AMARO DRIVE
SUITE 101
CORAL GABLES, FL 33146

New Principal Place of Business:

P.O. BOX 31-0696
MIAMI, FL 33231 US

Current Mailing Address:

6000 SAN AMARO DRIVE
SUITE 101
CORAL GABLES, FL 33146

New Mailing Address:

P.O. BOX 31-0696
MIAMI, FL 33231 US

FEI Number: 56-2523004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAI, WILLIAM A
6000 SAN AMARO DRIVE
SUITE 101
CORAL GABLES, FL 33146 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: LAI, WILLIAM A
Address: 6000 SAN AMARO DRIVE, SUITE 101
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: CALASICH, LILIAN P
Address: 800 N. MIAMI AVE, SUITE 1606
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES:

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 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: WILLIAM A. LAI

MGR

04/06/2006

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