


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000076592					
1. Entity Name UN DISCOVERED LIVE, LLC					
Principal Place of Business 8353 LAKE SERENE DR. ORLANDO, FL 32836			Mailing Address 8353 LAKE SERENE DR. ORLANDO, FL 32836		
2. Principal Place of Business 505 Devon Place Suite, Apt. #, etc.		3. Mailing Address 505 Devon Place Suite, Apt. #, etc.			
City & State Lake Mary, FL Zip 32746 Country USA		City & State Lake Mary, FL Zip 32746 Country USA		4. FEI Number 810660095	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent COMPLETE BUSINESS SOLUTIONS, INC. 1805 CANOVA ST #2 PALM BAY, FL 32909			7. Name and Address of New Registered Agent Name Robert Mike II Street Address (P.O. Box Number is Not Acceptable) 20 North Orange Avenue Suite 1309 City Orlando, FL Zip Code 32801		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Robert Mike II</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/23/06</u>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC KNIGHT, FREDERICK 8353 LAKE SERENE DR. ORLANDO, FL 32836 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McKnight, Frederick 505 Devon Place Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAGIN, PAMELA 8353 LAKE SERENE DR. ORLANDO, FL 32836 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ragin, Pamela 505 Devon Place Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joseph Rogewitz 505 Devon Place Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Claude V. McKnight III 505 Devon Place Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 <u>Frederick McKnight</u> DATE <u>6/23/06</u> (331) 377-2172 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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