

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083014

Entity Name: UNITED ALLIANCE, LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

26252 EXECUTIVE PARK DR
SUITE 5
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

26252 EXECUTIVE PARK DR
SUITE 5
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 20-3791124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED TEAM SERVICES
2625 EXECUTIVE PARK DR #5
5
WESTON, FL 33331 US

Name and Address of New Registered Agent:

UNITED TEAM SERVICES
440 SAWGRASS CORPORATE PARKWAY
108
SUNRISE, FL 33325 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: EUGENIO LASCURAIN 03/22/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: FIGUEREDO, RAFAEL F
Address: 641 NANDINA DR
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIGUEREDO, RAFAEL F
Address: 641 NANDINA DR
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: UNITED TEAM GROUP,
Address: 2625 EXECUTIVE PARK DR SUITE 5
City-St-Zip: WESTON, FL 33331 US

Title: MGRM (X) Change () Addition
Name: UNITED TEAM SERVICES,
Address: 440 SAWGRASS CORP. PARKWAY #108
City-St-Zip: SUNRISE, FL 33325 US

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: RAFAEL FIGUEREDO MGR 03/22/2007

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