

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084232

Entity Name: UNIQCO LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

419 ENTERPRISE DR
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

6125 S SEMORAN BLVD
104-2187
ORLANDO, FL 32822

New Mailing Address:

13900 CR455
UNIT 107 PMB 416
CLERMONT, FL 34711

FEI Number: 20-3375423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE. 300
TAMPA, FL 33637 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: MGRM () Delete
Name: STEYL, ARNOLDIS
Address: 6125 S SEMORAN BLVD SUITE 104-2187
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Delete
Name: VAN ROOYEN, DAJHAN
Address: 6125 S SEMORAN BLVD SUITE 104-2187
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Delete
Name: STEYL, JOHANNES
Address: 6125 S SEMORAN BLVD SUITE 104 -2187
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Delete
Name: DE VILLIERS, STEFAN
Address: 6125 S SEMORAN BLVD SUITE 104-2187
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

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

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

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: ARNOLDIS STEYL

MGRM

01/15/2007

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