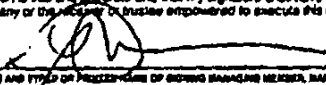


FILED
May 11, 2006 8:00 am
Secretary of State

03-29-2006 90020 003 ****50.00
04-18-2006 90008 005 ****50.00
05-11-2006 90019 037 ***100.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000104689			
1. Entity Name UNIVERSAL NIGHTHAWK SERVICES, LLC			
Principal Place of Business 1435 S. OSPREY AVE., SUITE 201 SARASOTA, FL 34239		Mailing Address P.O. BOX 25428 SARASOTA, FL 34277	
3. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
6. Name and Address of Current Registered Agent F&L CORP ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this state report 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 Signature, typewritten printed name of registered agent and how it is qualified. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 officer or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		03/03/06 941-487-2550	
SIGNATURE AND TITLE OF PREPARED BY (OWNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		Date	