


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000115055

1. Entity Name
UNC CONSTRUCTION LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:37

Principal Place of Business 16606 PALM ROYAL DRIVE 1122 TAMPA, FL 33647	Mailing Address 16606 PALM ROYAL DRIVE 1122 TAMPA, FL 33647
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2. Principal Place of Business 700 S. Harbour Island Blvd. Suite, Apt. #, etc. SUITE 729 City & State TAMPA, FL.	3. Mailing Address 700 S. Harbour Island Blvd. Suite, Apt. #, etc. SUITE 729 City & State Tampa, FL.
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07202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3862774	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent KIM, JOHN 16606 PALM ROYAL DRIVE 1122 TAMPA, FL 33647	7. Name and Address of New Registered Agent Name KIM, JOHN Street Address (P.O. Box Number is Not Acceptable) 700 S. Harbour Island Blvd SUITE #729 City Tampa, FL Zip Code 33602
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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 *John Kim* DATE 7/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN, KIM 16606 PALM ROYAL DRIVE SUITE 1122 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JOHN KIM 700 S. Harbour Island Blvd #729 TAMPA, FL. 33602. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVE, CHONG 16606 PALM ROYAL DRIVE SUITE 1122 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHONG, CHONG 700 S. Harbour Island Blvd. #729 TAMPA, FL. 33602. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *John Kim* DATE 7/19/06 DAYTIME PHONE # 813-352-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #