

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123083

FILED
Aug 07, 2006
Secretary of State

Entity Name: UNITED FAMILY INVESTEMENT LLC'

Current Principal Place of Business:

P. O. BOX. 6064
DELRAY BEACH, FL 33482 PB

New Principal Place of Business:

Current Mailing Address:

P. O. BOX. 6064
DELRAY BEACH, FL 33482 PB

New Mailing Address:

FEI Number: 38-3712536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LINCOLNN JOSEPH
704 S SWINTON AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

ALEXANDER C CHRISTOPHER
622 DAVIS ROAD
DELRAY BEACH, FL 33445 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: ALEXANDER C CHRISTOPHER

08/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTOPHER, ALEXANDER C
Address: P.O. BOX 6064
City-St-Zip: DELRAY BEACH, FL 33482

Title: MGR () Delete
Name: MIMOSE, CHRISTOPHER D
Address: P.O. BOX 6064
City-St-Zip: DELRAY BEACH, FL 33482 PB

ADDITIONS/CHANGES:

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: MIMOSE D CHRISTOPHER

MGR

08/07/2006

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