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Apr 05, 2007 8:00 am
Secretary of State
03-23-2007 90166 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032718

1. Entity Name
U.A.I.M. ENTERPRISES, LLC

30004176

Principal Place of Business	Mailing Address
1130-B E HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009	1130-B E HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5900 Stirling Rd	5900 Stirling Rd
Suite, Apt. #, etc.: 9b	Suite, Apt. #, etc.: 9b
City & State: Hollywood, FL	City & State: Hollywood FL
Zip: 33021 / Country: USA	Zip: 33021 / Country: USA

03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 42-1700741 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, NORMAN T 50 WEST MASHTA DRIVE, STE. 4 KEY BISCAYNE, FL 33149	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORROW, ILANA	NAME	
STREET ADDRESS	~~1130-B E HALLANDALE BEACH BLVD.~~	STREET ADDRESS	5900 STIRLING RD SUITE 9B
CITY-ST-ZIP	~~HALLANDALE BEACH, FL 33009~~	CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ilana Morrow 3/21/07 9549890274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #