FILED
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, ILANA ~~1130-B E HALLANDALE BEACH BLVD.~~ ~~HALLANDALE BEACH FL 33009~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5900 STIRLING RD SUITE 9B HOLLYWOOD FL 33021
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 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 #