


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90040 049 ***143.75

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|---|---|
| DOCUMENT # L06000033592 |  |
| 1. Entity Name UNIVERSAL TRAX LLC | |

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| Principal Place of Business 24300 LABLOLLU BAY RD LABELLE FL 33935 FL | Mailing Address 24300 LABLOLLU BAY RD LABELLE FL 33935 FL |
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| 2. Principal Place of Business - No P.O. Box # 24300 LABLOLLU BAY RD. | 3. Mailing Address 24300 LABLOLLU BAY RD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E083 (10/07)

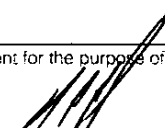
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|------------------------------------|------------------------------------|
| City & State LABELLE FL. | City & State LABELLE FL. |
| Zip 33935 | Country |
| City & State LABELLE FL. | City & State LABELLE FL. |
| Zip 33935 | Country |

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| 4. FEI Number 54-2194600 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COX, TIFFANY 24300 LOBLULLU BAY RD LABELLE FL 33935 |
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| 7. Name and Address of New Registered Agent Name BRIAN COX Street Address (P.O. Box Number is Not Acceptable) 24300 LABLOLLU BAY RD. City LABELLE FL 33935 |
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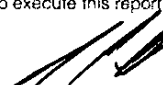
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE BRIAN COX  DATE 2/12/08 |
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| <p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p> |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COX, BRIAN C 62290 FRONTIER CIRCLE LABELLE FL 33935 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COX, TIFFANY 62290 FRONTIER CIRCLE LABELLE FL 33935 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COX BRIAN C. 24300 LABLOLLU BAY RD. LABELLE FL. 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
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| 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"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |
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| SIGNATURE: BRIAN COX  | DATE: 2/12/08 | DAYTIME PHONE: 239-633-2443 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |