2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-04-2008 90134 034 ***138.75

DOCUMENT # L06000033923

1. Entity Name
UNITED INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1612 S. COMBEE ROAD LAKELAND, FL 33801	1612 S. COMBEE ROAD LAKELAND, FL 33801

30005093

02192008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4803608
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEHTA, RONAK
201 PARK PLACE STE #300
ALTAMONTE SPRINGS, FL 32701

Paid #5016 3.20.08

DO NOT WRITE IN THIS SPACE

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

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, UDAYGIRL C
STREET ADDRESS	1612 S. COMBEE ROAD
CITY-ST-ZIP	LAKELAND, FL 32819
TITLE	MGRM
NAME	PATEL, VIHANG C
STREET ADDRESS	1612 S. COMBEE ROAD
CITY-ST-ZIP	LAKELAND, FL 32819
TITLE	MGRM
NAME	PATEL, PARIMAL C
STREET ADDRESS	1612 S. COMBEE ROAD
CITY-ST-ZIP	LAKELAND, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: PCPatel PARIMAL PATEL 4-24-08 863-665-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

SECRETARY