2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: KURM CHOWN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # L06000034777 1. Entity Name UFS31, LLC						07-09-2007	90112 034 ****5	0.00
Principal Place of Business Mailing Address					<u> </u>			
7528 GRAND Bokeelia, Fi	E PINE ROAD	7528 GRANDE PINE ROAD BOKEELIA, FL 33922						
Principal Place of Business - No P.O. Box # 3. Mailing Address					-			
2. Principal Pi	lace of Business - No P.O. Box #	3. Maning Address				PALID BIIIL BBLII BBIII BAII	14:11:	LEGI 1 L <u>u</u> b
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052007	Chg-LLC	CR2E083 (12/06)	
City & State	9	City & State		4. FEI Numb 36-4	592001		oplied For ot Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MCDONALD, KEITH C				Name				
7528 GRANDE PINE ROAD BOKEELIA, FL 33922				Street Address (P.O. Box Number is Not Acceptable)				
DONCELLY, 12 00022								
				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 bite if applicable (NOTE: Registered Agent signature required when reinstalling) DATE								
Filing Fee is \$50.00 Due by September 14, 2007							e check payable to a Department of Stat	; •
9.	MANAGING MEMBERS/MANAGERS 10					ADDITIONS,	CHANGES	
NAME	MGR MCDONALD, KEITH C	☐ Delete III					☐ Change	☐ Addition
STREET ADDRESS	7528 GRANDE PINE ROAD BOKEELIA, FL 33922		STR	EET ADDRESS				
TITLE	Delete IIII					Change	Addition	
NAME	NA I		NAA				_ •	_
STREET ADDRESS CITY-ST-ZIP	1		EET ADDRESS r-st-zip					
TITLE		☐ Delete	TITL	E	"		☐ Change	Addition
NAME CIRCL ADDRESS			NAM)
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP				
TITLE		☐ Delete	1111	E			☐ Change	Addition
NAME STREET ADDRESS			NAA e to	AE EET ADDRESS				
CITY-ST-ZIP				C-SI-ZIP				
TITLE		☐ Delete	TITL	E		7.4	☐ Change	Addition
NAME STREET ADDRESS			NAM	AE EET ADDRESS				
CITY-ST-ZIP			_	(-ST-ZIP				
TITLE		☐ Delete	FITE	- 1			☐ Change	☐ Addition
NAME STREET ADDRESS			NAP STR	AE EE1 ADDRESS				
CITY-ST-ZIP				r-SI-ZIP				
11. I hereby	certify that the information supplied wi	h this filing does not qualify for	or the exe	emptions contained	d in Chapter 119	, Florida Statutes. I fi	urther certify that the inf	ormation
Indicated limited lia	on this report is true and accurate an ability company or the receiver or trust	a that my signature shall have se empowered to execute this	e the sam s report a	ie iegal effect as if is required by Cha	made under oat pter 608, Florida	n; that i am a mana; Statutes.		er of the
		MACOUNA					7.30	