

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000052434

FILED
Oct 19, 2007
Secretary of State

Entity Name: UNITED CENTRAL INVESTMENTS, LLC

Current Principal Place of Business:

6495 SHILOH ROAD SUITE 400
SUITE 400
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

6495 SHILOH ROAD SUITE 400
SUITE 400
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 20-2969141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOVOY, ARKADIY
13846 ATLANTIC BLVD.
APT. 905
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUBOVOY, ARKADIY
Address: 6495 SHILOH ROAD SUITE 400
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM (X) Delete
Name: SUR, EVGENY G
Address: 6495 SHILOH ROAD SUITE 400
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM (X) Delete
Name: KOSTYLEV, VLADIMIR
Address: 6495 SHILOH ROAD SUITE 400
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARKADIY DUBOVOY

MGRM

10/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date