

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082686

FILED
Apr 05, 2007
Secretary of State

Entity Name: UNITED CONTRACTORS OF FLORIDA, LLC

Current Principal Place of Business:

530 PENTA COURT
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268735
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-5390888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBERENA, ALEXANDRA
530 PENTA COURT
WESTON, FL 33327 US

Name and Address of New Registered Agent:

BARBERENA, FERNANDO A
530 PENTA COURT
WESTON, FL 33327 US

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: FERNANDO BARBERENA

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARBERENA, ALEXANDRA
Address: 530 PENTA COURT
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: BARBERENA, FERNANDO A
Address: 530 PENTA COURT
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Delete
Name: BARBERENA, FERNANDO A
Address: 530 PENTA COURT
City-St-Zip: WESTON, FL 33327

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 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: FERNANDO A. BARBERENA

MGRM

04/05/2007

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