


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90311 010 \*\*\*138.75

<b>DOCUMENT # L06000086253</b>	
1. Entity Name <b>UNITED EQUITY INVESTMENTS I OF FLORIDA, LLC</b>	

Principal Place of Business <b>2300 CURLEW ROAD SUITE 201 PALM HARBOR, FL 34683</b>	Mailing Address <b>2300 CURLEW ROAD SUITE 201 PALM HARBOR, FL 34683</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2611 KeyStone Rd</b>	3. Mailing Address <b>2611 KeyStone Rd</b>
Suite, Apt. #, etc. <b>SUITE B-5</b>	Suite, Apt. #, etc. <b>SUITE B-5</b>
City & State <b>Tarpon Springs</b>	City & State <b>Tarpon Springs</b>
Zip <b>34688</b>	Country <b>Pinellas</b>

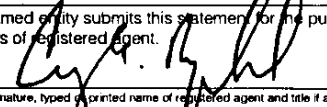
04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8493044</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

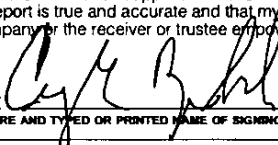
6. Name and Address of Current Registered Agent <b>BEHRENFELD, CRAIG E 601 BAYSHORE BOULEVARD STE 700 TAMPA, FL 33606</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 	DATE <b>4/15/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KIMBERLY, LOHRY 2300 CURLEW ROAD, SUITE 201 PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>4/15/08</b> DAYTIME PHONE # <b>813-253-2020</b>