2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90029 038 ****50.00

DOCUMENT # L06000098442

1. Entity Name
UJGD LLC

Principal Place of Business	Mailing Address
533 N. HALIFAX AVE ORMOND BEACH FL 32176	533 N. HALIFAX AVE ORMOND BEACH FL 32176

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
152 S. NOVA RD	152 S. NOVA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORMOND BCH, FL	ORMOND BCH, FL
City & State	City & State
Zip 32174 Country VOLUSIA	Zip 32174 Country VOLUSIA

1st MOORE CR2E083 (10/06)

4. FEI Number 35-2279179 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, TERRY
533 N. HALIFAX AVE.
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, TERRY 533 N. HALIFAX AVE ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ MGR MICHELE CAMPBELL 533 N. HALIFAX ORMOND BEACH, FL 32176	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Terri Campbell — 4-26-07 — 386-615-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #