


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90174 004 ****50.00

DOCUMENT # L06000106045

1. Entity Name
 UC WAREHOUSE LLC



Principal Place of Business
 701 BRICKELL AVE. SUITE 3150
 MIAMI, FL 33131

Mailing Address
 701 BRICKELL AVE. SUITE 3150
 MIAMI, FL 33131


2. Principal Place of Business - No P.O. Box #
 Suite. Apt. #, etc.

3. Mailing Address
 Suite. Apt. #, etc.

City & State
 City & State

Zip
 Country

90110001



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-5815807

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, ARTHUR J
 701 BRICKELL AVE. SUITE 3150
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 CNC Group

Street Address (P.O. Box Number is Not Acceptable)
 701 Brickell Ave Suite 3150

City
 Miami

FL Zip Code
 33131

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.

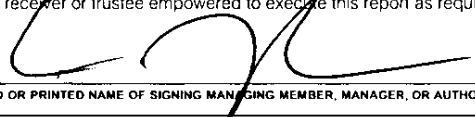
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Arthur J. Murphy 701 Brickell Avenue Suite 3150 Miami, FL 33131 <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
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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:  **4/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #