2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L07000071977

Entity Name: A UNIQUE EVENT OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

4767 NEW BROAD ST.
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

4767 NEW BROAD ST.
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 26-0526842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENKIRAN & ASSOCIATES, P.A.
1999 WEST COLONIAL DRIVE
#204
ORLANDO, FL 32804 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: REAVES, MONA L
Address: 4504 OLD CARRIAGE TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: BOVA, SYLVIA R
Address: 1655 MEADOWGOLD CT.
City-St-Zip: WINTER PARK, FL 32792

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: MONA L. REAVES MGRM 04/21/2008

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