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COVER LETTER

Division of Corporations		
SUBJECT: United Investment Club, Inc.		
Name of Limited	l Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Jonathan Perlman, Esq., as Court Appointed Name of Person	Receiver	
Genovese Joblove & Battista, P.A. Firm/Company		
runicompany		
100 S.E. Second Street, Suite 4400		
Address		
Miami, FL 33131 City/State and Zip Code		
City/State and Zip Code		
iperlman@gjb-law.com E-mail address: (to be used for future annual report notification	<u></u>	
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, ple	ase call:	
Carmen Contreras-Martinez at (305) 349-2300	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	nited Investment Club, Inc.
2. (a) Principal office address of limited liability compan	y: 8401 Lake Worth Road 125-126
(Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33467
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
1/3/08	L0800000966
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Terman, Roger
Registered Office Address:	8401 Lake Worth Road 125-1263
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Jonathan Perlman, Receiver N
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S.E. Second Street, Suite 4400
	Miami, FL 33131 ,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company Signature of a Hember or authorized representative of a member Jonathan Perlman, Receiver	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familifir with and accept the abligations of my particle of the S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
Division of Corporations, P.O. Box 63	327. Tallahassee. FL 32314

FILING FEE: \$25.00