

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045795

FILED
Apr 23, 2009
Secretary of State

Entity Name: UNGABLUSSIN, LLC

Current Principal Place of Business:

C/O 7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

C/O 7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 26-2569263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, STUART R ESQ
7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

MORRIS LAW GROUP
7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

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: STUART R. MORRIS, ESQ., PRESIDENT

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MASAREK, MICHAEL G
Address: C/O 7000 W. PALMETTO PARK RD., STE. 205
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR () Change (X) Addition
Name: MASAREK, ELIZABETH H
Address: C/O 7000 W. PALMETTO PARK RD., STE. 205
City-St-Zip: BOCA RATON, FL 33433 US

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: MICHAEL G. MASAREK

MGR

04/23/2009

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