

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000061958

FILED  
Mar 08, 2011  
Secretary of State

Entity Name: UNITED GROUP OF CENTRAL FLORIDA, LLC

## Current Principal Place of Business:

505 MAITLAND AVENUE  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

425 HIGHWAY 17-92 SOUTH  
LONGWOOD, FL 32750

## Current Mailing Address:

505 MAITLAND AVENUE  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

425 HIGHWAY 17-92 SOUTH  
LONGWOOD, FL 32750

FEI Number: 27-1215758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WRIGHT, D. FRANK  
505 MAITLAND AVENUE  
STE 1000  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

POWERS, DAVID  
425 HIGHWAY 17-92 SOUTH  
LONGWOOD, FL 32759 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: DAVID POWERS

03/08/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: POWERS, DAVID  
Address: 425 HIGHWAY 17-92 SOUTH  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: HUGHES, VINCENT  
Address: 425 HIGHWAY 17-92 SOUTH  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: MCCREE, RICHARD  
Address: 425 HIGHWAY 17-92 SOUTH  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: HEWITT, JAMES  
Address: 425 HIGHWAY 17-92 SOUTH  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: HATTAWAY, J. MICHAEL  
Address: 425 HIGHWAY 17-92 SOUTH  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: WRIGHT, DONALD F  
Address: 425 HIGHWAY 17-92 SOUTH  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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: DAVID POWERS

MGRM

03/08/2011

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