

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L95000000980

1. Entity Name
UNCLES PLACE, L.C.



Principal Place of Business
**80939 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036**

Mailing Address
**80939 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036**



02082005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0624838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEPREE, JOSEPH R
128 AREGOOD LANE
ISLAMORADA, FL 33036**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEPREE, JOSEPH R 128 AREGOOD LANE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, DEBORAH 500 HENLEY STREET, SUITE 200 KNOXVILLE, TN 37902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZUR-US INC 500 HENLEY STREET, SUITE 200 KNOXVILLE, TN 37902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #