

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000980

Entity Name: UNCLES PLACE, L.C.

FILED  
Mar 02, 2007  
Secretary of State

## Current Principal Place of Business:

80939 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

## New Principal Place of Business:

## Current Mailing Address:

80939 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

## New Mailing Address:

FEI Number: 65-0624838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEPRE, JOSEPH R  
128 AREGOOD LANE  
ISLAMORADA, FL 33036 US

## Name and Address of New Registered Agent:

LEPRE, JOSEPH R  
118 MATECUMBE AVE  
ISLAMORADA, FL 33036 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:

03/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEPRE, JOSEPH R  
Address: 128 AREGOOD LANE  
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM ( ) Delete  
Name: CAMPBELL, DEBORAH  
Address: 500 HENLEY STREET, SUITE 200  
City-St-Zip: KNOXVILLE, TN 37902

Title: MGRM ( ) Delete  
Name: AZUR-US INC,  
Address: 500 HENLEY STREET, SUITE 200  
City-St-Zip: KNOXVILLE, TN 37902

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEPRE, JOSEPH R  
Address: 118 MATECUMBE AVE  
City-St-Zip: ISLAMORADA, FL 33036

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH R. LEPRE

MGRM

03/02/2007

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