

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 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**



01102008No Chg-LLC

CR2E083 (12/07)

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
118 MATECUMBE AVE
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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000782101
01/15/08-80061-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEPREE, JOSEPH R
STREET ADDRESS	118 MATECUMBE AVE
CITY- ST- ZIP	ISLAMORADA, FL 33036
TITLE	MGRM
NAME	CAMPBELL, DEBORAH
STREET ADDRESS	500 HENLEY STREET, SUITE 200
CITY- ST- ZIP	KNOXVILLE, TN 37902
TITLE	MGRM
NAME	AZUR-US INC
STREET ADDRESS	500 HENLEY STREET, SUITE 200
CITY- ST- ZIP	KNOXVILLE, TN 37902
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1/10/08 355664402