

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000980

FILED
Jan 08, 2009
Secretary of State

Entity Name: UNCLAS PLACE, L.C.

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:

LEPREE, JOSEPH R
118 MATECUMBE AVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEPREE, JOSEPH R
Address: 118 MATECUMBE AVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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. LEPREE

MGRM

01/08/2009

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