## 2007 LIMITED LIABILITY-COMPANY

## **FILED** Apr 30, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L99000001238 1. Entity Name UCD, L.C. Principal Place of Business Mailing Address 1130 VERNON PLACE 1130 VERNON PLACE MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 04242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3569656 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, WILLIAM G ESQ DO NOT WRITE 247 NORTH COLLIER BOULEVARD, SUITE 202 MARCO ISLAND, FL 34145 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, 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, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DRESCHER, EWE NAME STREET ADDRESS 1130 VERON PLACE MARCO ISLAND, FL 34145 CITY-ST-ZIP NAME U00000745686 STREET ADDRESS 05/16/07-80038-024 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THLE NAME STREET ADDRESS CITY-ST-ZJP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Christe Dursaly