


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L99000001238 1. Entity Name UCD, L.C. |  |
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| Principal Place of Business 1130 VERNON PLACE MARCO ISLAND, FL 34145 | Mailing Address 1130 VERNON PLACE MARCO ISLAND, FL 34145 |
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04242008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 59-3569656 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MORRIS, WILLIAM G ESQ 247 NORTH COLLIER BOULEVARD, SUITE 202 MARCO ISLAND, FL 34145 |
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IN THIS SPACE**

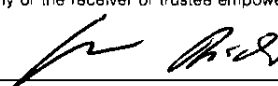
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DRESCHER, EWE 1130 VERON PLACE MARCO ISLAND, FL 34145 |
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05/23/08-80097-003 138.75

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| 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:  <i>Chrisse Driscoll</i> 04/28/08 239 354 5218 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> |