

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003200

FILED
Apr 28, 2005
Secretary of State

Entity Name: UNIQUE INTERNATIONAL RECOVERIES, LLC

Current Principal Place of Business:

119 EAST MAPLE STREET
JEFFERSONVILLE, IN 47130

New Principal Place of Business:

Current Mailing Address:

119 EAST MAPLE STREET
JEFFERSONVILLE, IN 47130

New Mailing Address:

FEI Number: 35-2148414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, THELMA
4024 PADDLE WHEEL DR
BRANDON, FL 33511 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/MEMBERS:

Title: MGR () Delete
Name: STUCKI, LYLE J
Address: 119 EAST MAPLE STREET
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: MGR () Delete
Name: GARY, CHARLES L
Address: 119 EAST MAPLE STREET
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: MGR () Delete
Name: BARNETT, NICOLE Y
Address: 119 EAST MAPLE STREET
City-St-Zip: JEFFERSONVILLE, IN 47130

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ATKINS, NICOLE Y
Address: 119 EAST MAPLE STREET
City-St-Zip: JEFFERSONVILLE, IN 47130

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICOLE Y. ATKINS

COO

04/28/2005

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