

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003200

FILED
Jan 26, 2006
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:

ADAMS, THELMA
10805 CASA DRIVE
RIVERVIEW, FL 33569 US

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:

01/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: ATKINS, 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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE Y ATKINS

MGR

01/26/2006

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