2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# M02000003200

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
10805 CASA DRIVE
RIVERVIEW, FL 33569 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: 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: MGR (X) Change ( ) Addition
Name: GARY, CHARLES L
Address: 119 EAST MAPLE ST.
City-St-Zip: JEFFERSONVILLE, IN 47130

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: NICOLE Y. ATKINS COO 01/30/2008

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