

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003485

Entity Name: UNITYCOMM, LLC

FILED
May 08, 2007
Secretary of State

Current Principal Place of Business:

101 MAIN STREET
SYRACUSE, IN 46567

New Principal Place of Business:

Current Mailing Address:

101 MAIN STREET
SYRACUSE, IN 46567

New Mailing Address:

FEI Number: 42-1575525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ISAACS, JOSEPH
838 VILLAGE WAY
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

ISAACS, JOSEPH
4274 COURT
1600
PALM HARBOR, FL 34685 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:

05/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: PLIKERD, BENJAMIN M
Address: PO BOX 250
City-St-Zip: SYRACUSE, IN 46567

Title: MM () Delete
Name: ISAACS, JOSEPH
Address: 838 VILLAGE WAY, SUITE 1200
City-St-Zip: PALM HARBOR, FL 34683

Title: MM (X) Delete
Name: WENGER, SCOTT N
Address: PO BOX 250
City-St-Zip: SYRACUSE, IN 46567

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 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: BENJAMIN M PLIKERD

MM

05/08/2007

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