

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004847

Entity Name: UNIVERSAL RX OPTIONS, LLC

FILED
Feb 20, 2005
Secretary of State

Current Principal Place of Business:

4401 SOUTH ORANGE AVE., #107
ORLANDO, FL 32806

New Principal Place of Business:

4401 SOUTH ORANGE AVE.
SUITE 107
ORLANDO, FL 32806

Current Mailing Address:

4401 SOUTH ORANGE AVE., #107
ORLANDO, FL 32806

New Mailing Address:

4401 SOUTH ORANGE AVE.
SUITE 107
ORLANDO, FL 32806

FEI Number: 20-1432645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W FLAGLER STREET, SUITE 675
MIAMI, FL 33130 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: MGRM () Delete
Name: SLAGLE, MICHAEL W
Address: 4401 SOUTH ORANGE AVE., #107
City-St-Zip: ORLANDO, FL 32805

Title: MGRM () Delete
Name: LEIMER, LESLI M
Address: 4401 SOUTH ORANGE AVE., #107
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLAGLE, MICHAEL W
Address: 4401 SOUTH ORANGE AVE., #107
City-St-Zip: ORLANDO, FL 32806

Title: MGRM (X) Change () Addition
Name: LEIMER, LESLI M
Address: 4401 SOUTH ORANGE AVE., #107
City-St-Zip: ORLANDO, FL 32806

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: LESLI M. LEIMER

MGRM

02/20/2005

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