

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037626

FILED
Feb 07, 2006
Secretary of State

Entity Name: UNITED LOAN SERVICES, LLC

Current Principal Place of Business:

1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

New Mailing Address:

1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

1108 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

FEI Number: 20-0406345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARED, PABLO R ESQ
BARED AND ASSOC., P.A.
1500 SAN REMO AVE., STE. 103
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

BARED, PABLO R ESQ
BARED AND ASSOC., P.A.
1500 SAN REMO AVE., STE. 248
CORAL GABLES, FL 33146 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: PABLO BARED

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ DE MESA, SERGIO
Address: 2120 NE 117 RD
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR () Delete
Name: LOPEZ DE MESA, SILVIA
Address: 2120 NE 117 RD
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

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: SERGIO LOPEZ DE MESA

MGR

02/07/2006

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