2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032573

1. Entity Name
UDDO ENTERPRISES, LLC

Principal Place of Business	Mailing Address
5008 HARBORTOWN LANE FORT MYERS, FL 33919	5008 HARBORTOWN LANE FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

03022006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1167268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, JEROME M
C/O WOLLMAN, STRAUSS & ASSOCIATES, P.A.
5129 CASTELLO DRIVE, SUITE 1
NAPLES, FL 34103

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000493684
04/24/06-80039-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	UDDO, PETER J
STREET ADDRESS	5008 HARBORTOWN LANE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	UDDO, JOYCE A
STREET ADDRESS	5008 HARBORTOWN LANE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 4-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #