

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000032573 1. Entity Name UDDO ENTERPRISES, LLC	
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Principal Place of Business 5008 HARBORTOWN LANE FORT MYERS, FL 33919	Mailing Address 5008 HARBORTOWN LANE FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



03022006 No 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**

**DO NOT WRITE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

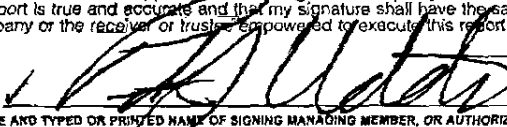
**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000499684
04/24/06-80039-019 50.00**

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

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IN THIS SPACE**

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 803, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **4-6-06** Daytime Phone # _____