

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90350 026 \*\*\*\*50.00

20021075



03072005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000032870</b> 1. Entity Name <b>A &amp; A UNDERGROUND TECHNOLOGIES, L.L.C.</b>					
Principal Place of Business <b>7878 NW 103TH STREET MIAMI, FL 33016</b>			Mailing Address <b>2500 PARKVIEW DR. SUITE 1107 HALLANDALE, FL 33009</b>		
2. Principal Place of Business <b>5700 NW 32 CORT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1289 MAJESTY TERR</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b> Zip <b>33142</b>		City & State <b>WESTON FLORIDA</b> Zip <b>33327</b>		4. FEI Number <b>04-3734583</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIACOMELLI, HERMAN 2500 PARKVIEW DR., STE. 1107 HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
[Empty Row]			MGRM CIA SUDAMERICANA DE GAS SRL ORTIZ DE OCAMPO 19 QUILMES, BAS, B-1878 JRA		
[Empty Row]			MGRM HERMAN GIACOMELLI 1289 MAJESTY TERR WESTON FLORIDA 33327		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> _____			03/10/05 954 249 6820		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					