


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90013 008 \*\*\*\*55.00

<b>DOCUMENT # L02000032870</b> 1. Entity Name A & A UNDERGROUND TECHNOLOGIES, L.L.C.	
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Principal Place of Business 5700 NORTHWEST 32 COURT MIAMI, FL 33142 US	Mailing Address 1289 MAJESTY TERRACE WESTON, FL 33327 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 966 NANDINA DR Suite, Apt. #, etc.
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City & State WESTON, FL	City & State WESTON, FL
Zip 33327	Country USA

6. Name and Address of Current Registered Agent GIACOMELLI, HERMAN 2500 PARKVIEW DR., STE. 1107 HALLANDALE, FL 33009	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIA SUDAMERICANA DE GAS SRL ORTIZ DE OCAMPO 19 QUILMES, BSAS, B-187JRA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERMAN GIACOMELLI 966 NANDINA DR WESTON FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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

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:** \_\_\_\_\_ **04/05/06** **(954) 249-6820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #