

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017934

1. Entity Name
UDDO HOLDINGS LLC



Principal Place of Business
**5008 HARBORTOWN LANE
FORT MYERS, FL 33919 US**

Mailing Address
**3 CEDAR LANE
MENDHAM, NJ 07945 US**



03022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1207479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KYLE, KEVIN A
1520 ROYAL PALM SQUARE BOULEVARD
SUITE 320
FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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**

000000466144
13/22/06-80064-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	UDDO, JR., PETER J
STREET ADDRESS	20 WEST 64TH STREET, #15J
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	MGRM
NAME	UDDO, JEFFREY S
STREET ADDRESS	4 PASHA CT
CITY-ST-ZIP	NEWFOUNDLAND, NJ 07435
TITLE	MGRM
NAME	UDDO, DIANA M
STREET ADDRESS	32 WEST 40TH STREET, APT. 9F
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

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

Date **3/10/06**

Daytime Phone # _____