

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025080

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: UBE FLORIDA ENTERPRISES, LLC

**Current Principal Place of Business:**

851 MEADOWS RD, BELLE TERRE #222  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

851 MEADOWS RD, BELLE TERRE #222  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 20-0961940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGER, BERNARD A ESQ  
3107 STIRLING RD, STE 105  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAN, URI J  
Address: 851 MEADOWS RD, BELLE TERRE #222  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: MAN, BOAZ G  
Address: 851 MEADOWS RD, BELLE TERRE #222  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: MAN, ELIE M  
Address: 851 MEADOWS RD, BELLE TERRE #222  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: MAN, DANIEL  
Address: 851 MEADOWS RD, BELLE TERRE #222  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: MAN, DENA F  
Address: 851 MEADOWS RD, BELLE TERRE #222  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL MAN

MD

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date