

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050550

Entity Name: SANLANDO MACHINING, L.L.C.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

2890 W. AIRPORT BOULEVARD
SANFORD, FL 32771 US

New Principal Place of Business:

New Mailing Address:

6167 HEDGESPARROWS LN
SANFORD, FL 32771 US

Current Mailing Address:

2890 W. AIRPORT BOULEVARD
SANFORD, FL 32771 US

FEI Number: 20-1512642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUI, EDWARD X
2890 W. AIRPORT BOULEVARD
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CUI, EDWARD X
6167 HEDGESPARROWS LN
SANFORD, FL 32771 US

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: N/A

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUI, EDWARD X
Address: 2890 W. AIRPORT BOULEVARD
City-St-Zip: SANFORD, FL 32771 FL

Title: MGR () Delete
Name: CUI, XIAOLEI F
Address: 32890 W. AIRPORT BOULEVARD
City-St-Zip: LSANFORD, FL 32771 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUI, EDWARD X
Address: 6167 HEDGESPARROWS LN
City-St-Zip: SANFORD, FL 32771 FL

Title: MGR (X) Change () Addition
Name: CUI, XIAOLEI F
Address: 6167 HEDGESPARROWS LN
City-St-Zip: SANFORD, FL 32771 FL

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: EDWARD CUI

MGR

01/11/2006

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