## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000058970

Entity Name: UBER OPERATIONS LLC

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2244 TEN OAKS DR.

TALLAHASSEE, FL 32312 US

Current Mailing Address: New Mailing Address:

2244 TEN OAKS DR.

TALLAHASSEE, FL 32312 US

FEI Number: 20-1492498 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DE WET, FRANCIS

3322 ARGONAUT DRIVE

TALLAHASSEE, FL 32312 US

DE WET, FRANCIS

2244 TEN OAKS DRIVE

TALLAHASSEE, FL 32312 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: 01/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DE WET, FRANCIS
 Name:

 Address:
 2244 TEN OAKS DR.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 COUCH, JEFFREY A
 Name:

 Address:
 1314 BROOME STREET
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BUTLER, JOHN L JR
 Name:

 Address:
 4112 BELL LANE
 Address:

 City-St-Zip:
 PEA RIDGE, FL 32571
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRANCIS DE WET MGRM 01/15/2009