

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003767

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** UBALDO MANAGEMENT, LLC

**Current Principal Place of Business:**

6650 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

6650 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 20-2883381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UBALDO, AGUSTO  
11155 SW 5 PLACE  
208  
PEMBROKE PINES, FL 33025 US

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

UBALDO, AUGUSTO  
6650 PINES BLVD.  
PEMBROKE PINES, FL 33024 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: AUGUSTO UBALDO

04/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: UBALDO, AUGUSTO  
Address: 11155 SW 5TH PLACE 208  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR ( ) Delete  
Name: UBALDO-COMBS, ROCIO MILAGROS  
Address: 12201 NW 59TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: UBALDO, AUGUSTO  
Address: 6650 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33024

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: AUGUSTO UBALDO

D

04/29/2006

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