

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003767

Entity Name: UBALDO MANAGEMENT, LLC

FILED  
Apr 03, 2007  
Secretary of State

## 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, AUGUSTO  
6650 PINES BLVD.  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

FERNANDEZ, JORGE E  
18501 PINES BLVD  
201  
PEMBROKE PINES, FL 33029 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: JORGE FERNANDEZ

04/03/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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: ROCIO MILAGROS UBALDO-COMBS

MGR

04/03/2007

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