## - ~ 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Secretary of State **DOCUMENT # L05000053670** 1. Entity Name 01-30-2006 90148 004 \*\*\*\*50.00 UAS2 LLC Principal Place of Business Mailing Address 1305 HILL AVENUE 1305 HILL AVENUE MANGONIA PARK, FL 33407 MANGONIA PARK, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2939106 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HACK, GEORGE Street Address (P.O. Box Number is Not Acceptable) **4287 HUNTING TRAIL** LAKE WORTH, FL 33467 FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 14 10. MGR 4 TITLE ☐ Change TITLE ☐ Delete ☐ Addition HACK, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS **4287 HUNTING TRAIL** CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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.

CITY-ST-ZIP

CMATHER.

01-24-2006

FILED

Jan 30, 2006 8:00 am