

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056831

Entity Name: UBER, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

2203 N. LOIS AVE
SUITE #933
TAMPA, FL 33607

New Principal Place of Business:

3505 EAST FRONTAGE ROAD
SUITE #160
TAMPA, FL 33607

Current Mailing Address:

2203 N. LOIS AVE
SUITE #933
TAMPA, FL 33607

New Mailing Address:

3505 EAST FRONTAGE ROAD
SUITE #160
TAMPA, FL 33607

FEI Number: 20-3404492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, DAVID S
501 WASHINGTON AVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

PATTERSON, DAVID S
12402 SEABROOK DRIVE
TAMPA, FL 33626 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:

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATTERSON, DAVID S
Address: 501 WASHINGTON AVE
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATTERSON, DAVID S
Address: 12402 SEABROOK DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Change (X) Addition
Name: NEIL, WITT A
Address: 3900 40TH STREET NORTH
City-St-Zip: ST PETEREBURG, FL 33714

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: DAVID S PATTERSON

MGRM

04/10/2007

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