
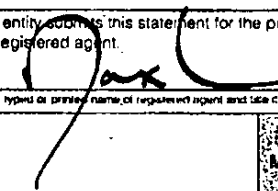
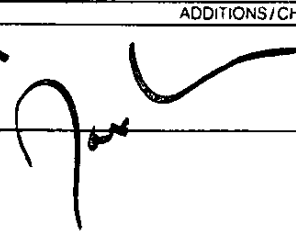


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-21-2006 90180 006 ****50.00

DOCUMENT # L05000091320 1. Entity Name ULDO BASES & CONDITIONERS, LLC					
Principal Place of Business 112 SOUTH HIBISCUS DRIVE MIAMI FL 33139			Mailing Address 112 SOUTH HIBISCUS DRIVE MIAMI FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-430-6801	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANGEN, MAX ESQ 112 SOUTH HIBISCUS DRIVE MIAMI FL 33139				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 40%; text-align: center;"> 1/24/06 </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEUCHT, WALTER		NAME	MANAGER, DIRECTOR	
STREET ADDRESS	112 SOUTH HIBISCUS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33139		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MANAGER		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAX LANGEN		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	115 E. PALM BLVD		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	MIAMI BEACH, FL 33139		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP			CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP			CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: 			1/24/06 (305) 643-6888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		



ATTACHMENT

30002417

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

ULDO BASES & CONDITIONERS, LLC
112 SOUTH HIBISCUS DRIVE
MIAMI, FL 33139

Subject: **ULDO BASES & CONDITIONERS, LLC**

Reference Number:

L05000091320

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION