


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90020 003 \*\*\*138.75

**DOCUMENT # L07000097733**

1. Entity Name  
**UNO 550, LLC**



Principal Place of Business      Mailing Address  
**6066 WILDCAT RUN**      **6066 WILDCAT RUN**  
**WEST PALM BEACH, FL 33412 US**      **WEST PALM BEACH, FL 33412 US**

**30000801**



2. Principal Place of Business - No P.O. Box      3. Mailing Address  
**7820 SW Lost River Road**      Suite, Apt. #, etc.

01082008    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**Stuart FL**

4. FEI Number      Applied For  
**26-1756197**      Not Applicable

Zip      Country      Zip      Country  
**34997**      **USA**

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BARBERIO, ERIC**  
**6066 WILDCAT RUN**  
**WEST PALM BEACH, FL 33412**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNOVE, LLC 6068 WILDCAT RUN WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 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:       1808    561 248 6958  
SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #