

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003773

Entity Name: UMAAO LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

220 E CENTRAL PKWY
STE 4010
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

220 E CENTRAL PKWY
STE 4010
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGOV, URI
220 E CENTRAL PKWY
STE 4010
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: ARGOV, URI
Address: 220 EAST CENTRAL PARKWAY, SUITE 4000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Change (X) Addition
Name: GINIO, ASI
Address: 220 EAST CENTRAL PARKWAY, SUITE 4000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SECY () Change (X) Addition
Name: FRIEDBERG, WENDY
Address: 220 EAST CENTRAL PARKWAY, SUITE 4000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify 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: WENDY FRIEDBERG

SECY

03/13/2009

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