

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 024 ****50.00

DOCUMENT # M05000003857



1. Entity Name
UNO MAS, L.L.C.

Principal Place of Business
3003 KNIGHT STREET, SUITE 235-
SHREVEPORT, LA 71105

Mailing Address
3003 KNIGHT STREET, SUITE 235-
SHREVEPORT, LA 71105

20001928



2. Principal Place of Business
666 TRAVIS ST
Suite, Apt. #, etc.
STE 900

3. Mailing Address
666 TRAVIS ST
Suite, Apt. #, etc.
STE 900

01162006 Chg-LLC CR2E083 (11/05)

City & State
SHREVEPORT, LA

City & State
SHREVEPORT, LA

4. FEI Number
20-2939706
Applied For
Not Applicable

Zip
71101
Country
CA000

Zip
71101
Country
CA000

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

6. Name and Address of Current Registered Agent

FISHER, CLARENCE WAYNE JR
4036 INDIAN BAYOU NORTH
DESTIN, FL 32541

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 _____ (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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROBERTS, MARK A
3003 KNIGHT STREET, SUIT E235
SHREVEPORT, LA 71105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FISHER, CLARENCE WAYNE JR
4036 INDIAN BAYOU NORTH
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROBERTS, MARK A.
666 TRAVIS ST. STE 900
SHREVEPORT, LA 71101 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

1-16-06