

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90002 045 \*\*\*\*50.00

**DOCUMENT # L01000017194**

1. Entity Name  
**MARK A. LURZ, L.L.C.**



Principal Place of Business

**7365 MERCHANT CT.  
STE 1  
SARASOTA, FL 34240 US**

Mailing Address

**7365 MERCHANT CT.  
STE 1  
SARASOTA, FL 34240 US**

**40014406**



01302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1147897**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORAN, JOHN A  
1990 MAIN ST STE 700  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LURZ, MARK A  
8431 SAILING LOOP  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LURZ, LISA M  
8431 SAILING LOOP  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**MARK A. LURZ, MANAGER**

**(941) 907-0101**

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

Date

Daytime Phone #

ATTACHMENT 20012406  
#L01000017194

LAW OFFICES OF  
**DUNLAP & MORAN, P.A.**

SUITE 700  
1990 MAIN STREET  
SARASOTA, FLORIDA 34236  
POST OFFICE BOX 3948  
SARASOTA, FLORIDA 34230-3948  
TELEPHONE 941-366-0115  
FACSIMILE 941-365-4660

February 28, 2006

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RUTH E. McMAHON‡  
DAVID M. MITCHELL§  
JOHN A. MORAN  
REBECCA J. PROCTOR  
BURTON M. ROMANOFF¶  
JOHNSON S. SAVARY, JR.††

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^ ALSO LICENSED IN KENTUCKY  
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†† ALSO LICENSED IN MICHIGAN

6060-2

Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

Re: **MARK A. LURZ, L.L.C.**

Dear Sir/Madam:

**Enclosed** herewith for filing is the 2006 Limited Liability Annual Report, in connection with the above-referenced limited liability company.

Also, **enclosed** please find a check in the amount of \$50.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

**DUNLAP & MORAN, P.A.**



Burton M. Romanoff, Esq.

BMR:/6060-2/Ltr - Div of Corp - An Rpt filing  
Enclosures  
cc: Mark A. Lurz (w/o enc)