

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035963

FILED
Apr 20, 2008
Secretary of State

Entity Name: TULLER INVESTMENTS LLC

Current Principal Place of Business:

2455 LINDELL BLVD.
#3505
DEL RAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

211 EAST 70TH STREET
#22B
NEW YORK, NY 10021 US

New Mailing Address:

FEI Number: 20-8782810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELAINE, TULLER
2455 LINDELL BLVD.
#3505
DEL RAY BEACH, FL 33444 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: MGRM () Delete
Name: TULLER, ALLEN
Address: 101 20TH ST.
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: TULLER, JEFFREY
Address: 211N EAST 70 ST., APT 22B
City-St-Zip: NEW YORK, FL 10021 US

Title: MGRM () Delete
Name: TULLER, ILENE
Address: 103 LAUREL CIRCLE
City-St-Zip: NEWTOWN, PA 18940

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TULLER, JEFFREY
Address: 211 EAST 70 ST., APT 22B
City-St-Zip: NEW YORK, FL 10021 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELAINE TULLER

PRES

04/20/2008

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