

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

1/31/2005 11:14 AM \$50.00
Apr 14, 2005 08:00 AM

Secretary of State

DOCUMENT # L01000016997 1. Entity Name LULA INVESTMENTS, L.L.C.					
Principal Place of Business 1615 S. LAKESHORE DR. SARASOTA FL 34231		Mailing Address 1615 S. LAKESHORE DR. SARASOTA FL 34231			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 60-0001210 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GINSBURG, ARTHUR D 1615 S. LAKESHORE DR. SARASOTA FL 34231	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005				Date 4/14/05 <i>Check for \$50.00 enclosed.</i>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBURG, ARTHUR D 161 S. LAKESHORE DR. SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 19.07(3)(f), 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: <i>Arthur D. Ginsburg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/04)

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04/14/05-80099-020 50.00

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4/11/05