2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State
07-06-2006 90137 006 ****50.00

DOCUMENT # L01000016997

1. Entity Name
LULA INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1615 S. LAKESHORE DR. SARASOTA, FL 34231	1615 S. LAKESHORE DR. SARASOTA, FL 34231

07032006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GINSBURG, ARTHUR D
STREET ADDRESS	1615 S. LAKESHORE DR.
CITY-ST-ZIP	SARASOTA, FL 34231
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	
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: _____ 7/03/06 941-921-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #