

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90145 010 \*\*\*\*50.00

20051134

**DOCUMENT # L02000004343**

1. Entity Name

ULLMAN, BURSA, HOFFMAN & RAGANO, LLC



Principal Place of Business

410 SOUTH WARE BOULEVARD, SUITE 1100  
TAMPA, FL 33619

Mailing Address

410 SOUTH WARE BOULEVARD, SUITE 1100  
TAMPA, FL 33619



07212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0550264

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

HOFFMAN, KEITH M  
410 S. WARE BLVD., SUITE 1100  
TAMPA, FL 33619

**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 ULLMAN, KIRSTEN K  
STREET ADDRESS 410 SOUTH WARE BOULEVARD, SUITE 1100  
CITY - ST - ZIP TAMPA, FL 33619

TITLE MGRM  
NAME BURSA, BRIAN M  
STREET ADDRESS 410 SOUTH WARE BOULEVARD, SUITE 1100  
CITY - ST - ZIP TAMPA, FL 33619

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CITY - ST - ZIP

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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:**

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

Date

Daytime Phone #

7-21-06 813-739-1900