

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003907

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** KULAS FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1954 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1954 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 65-1179039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KULAS, ROBERT J  
1954 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 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/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** KULAS, ROBERT J MEMBER  
**Address:** 1954 SE PORT ST. LUCIE BLVD.  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

**Title:** MGRM ( ) Delete  
**Name:** KULAS, ANDREAS A MEMBER  
**Address:** 2770 INDIAN RIVER BLVD., SUITE 321  
**City-St-Zip:** VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** ROBERT J. KULAS

MGRM

04/13/2005

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