


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90035 005 ****50.00

DOCUMENT # L03000016218	
1. Entity Name TULEPAN MANAGEMENT LLC	

Principal Place of Business 11555 HERON BLVD., SUITE 200 CORAL SPRINGS, FL 33076	Mailing Address 11555 HERON BLVD., SUITE 200 CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE

	
04052007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 05-3759753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TULEPAN, CRAIG 11555 HERON BLVD., SUITE 200 CORAL SPRINGS, FL 33076	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTA, BOB 4 EAST 80TH ST NEW YORK, NY 10021
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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: BOB ROBERTS **MANAGING MEMBER** 4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #