

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90021 034 ****50.00

DOCUMENT # L03000023572

1. Entity Name
ULMERTON POINTE PLAZA, LLC



Principal Place of Business
2020 W. PENSACOLA STREET, SUITE 27
TALLAHASSEE, FL 32304

Mailing Address
PO BOX 2535
TALLAHASSEE, FL 32316-2535

DO NOT WRITE IN THIS SPACE



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0203659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M.
2020 W. PENSACOLA STREET, SUITE 27
TALLAHASSEE, FL 32304

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEONI, STEVEN M
STREET ADDRESS	P.O. BOX 2535
CITY - ST - ZIP	TALLAHASSEE, FL 32316 - 2535
TITLE	MGRM
NAME	RUDNICK, JAMES M
STREET ADDRESS	P.O. BOX 2535
CITY - ST - ZIP	TALLAHASSEE, FL 32316 - 2535
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: _____

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

Date

Daytime Phone #

03/30/06

850-5803131