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FILED
May 13, 2004 8:00 am
Secretary of State

02-09-2004 90190 027 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043008

1. Entity Name
YULARA, L.L.C.

Principal Place of Business
7825 ALHAMBRA DR.
BRANDENTON, FL 34209

Mailing Address
7825 ALHAMBRA DR.
BRANDENTON, FL 34209

01192004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State: BRADENTON
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State: BRADENTON
Zip / Country

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent
HEALEY, MAURICE I
7825 ALHAMBRA DR.
BRANDENTON, FL 34209
BRADENTON

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	~~PRESIDENT~~ Member ☐ Delete
NAME	MAURICE HEALEY
STREET ADDRESS	7825 ALHAMBRA DR.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	member ☐ Delete
NAME	Renee Healey
STREET ADDRESS	7825 Alhambra Dr.
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

President
Treasurer

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: M. Healey 2/4/04 941 795 5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #