

JAN-5-2006 17:01 FROM:

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90174 045 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

20005377

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                                                                                         |                                                                   |
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| <b>DOCUMENT # L04000013111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                        |                                                                   |
| 1. Entity Name<br><b>LUNULA, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>5990 S.W. 97TH STREET<br/>PINECREST, FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | Mailing Address<br><b>5990 S.W. 97TH STREET<br/>PINECREST, FL 33156</b>                                                                 |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                              | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>20-0903755</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      | Applied For<br>Not Applicable                                                                                                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | \$5.00 Additional Fee Required                                                                                                          |                                                                   |
| B. Name and Address of Current Registered Agent<br><b>ATRIUM REGISTERED AGENTS, INC.<br/>1500 SAN REMO AVE., SUITE 125<br/>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | C. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTY: Registered Agent signature required when relocating))</small>                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                                         |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                     |                                                                   |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      | 10. ADDITIONS / CHANGES                                                                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>PARODY, LUIS CARLOS<br/>5990 S W 97TH STREET<br/>PINECREST, FL 33156</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____<br><small>(SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                                                         |                                                                   |