2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022501

1. Entity Name
LULU-ARNAZ, LLC

Principal Place of Business	Mailing Address
4 FLINTLOCK RIDGE ROAD KATONAH, NY 10536-2508	4 FLINTLOCK RIDGE ROAD KATONAH, NY 10536-2508

DO NOT WRITE IN THIS SPACE

04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3788489
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, RICHARD S IV
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

Filing Fee is $50.00
Due by May 1, 2006

000000541893
05/10/06-80073-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUCKINBILL, LAURENCE
STREET ADDRESS	4 FLINTLOCK RIDGE ROAD
CITY ST ZIP	KATONAH, NY 105362508
TITLE	MGR
NAME	ARNAZ LUCKINBILL, LUCIE
STREET ADDRESS	4 FLINTLOCK RIDGE ROAD
CITY-ST-ZIP	KATONAH, NY 105362508
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

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