

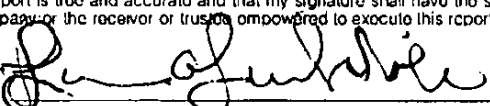
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

07 JUN -4 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1st MOORE CR2E083 (10/06)

DOCUMENT # L04000022501 1. Entity Name LULU-ARNAZ, LLC					
Principal Place of Business 4 FLINTLOCK RIDGE ROAD KATONAH NY 10536-2508			Mailing Address 4 FLINTLOCK RIDGE ROAD KATONAH NY 10536-2508		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3788489	
Zip		Country		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				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 _____ (NOTE: Registered Agent signature required when registering) (DATE)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LUCKINBILL, LAURENCE 4 FLINTLOCK RIDGE ROAD KATONAH NY 10536-2508 ☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR -ARNAZ LUCKINBILL, LUCIE 4 FLINTLOCK RIDGE ROAD KATONAH NY 10536-2508 ☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				19 MAR 07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					