2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000022504

1. Entity Name
LULU-HAVANA, 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

04152006No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3788490
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

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

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

Filing Fee is $50.00
Due by May 1, 2006

U00000541890
05/10/06-80073-023 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	

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 605, Florida Statutes.

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