

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90047 025 \*\*\*\*50.00

**DOCUMENT # L04000044953**

1. Entity Name  
**ULU ASSOCIATES LLC**



Principal Place of Business  
**377 MALLORY CT  
NAPLES, FL 34110 US**

Mailing Address  
**377 MALLORY CT  
NAPLES, FL 34110 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-2550047**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ULU ASSOCIATES  
377 MALLORY CT  
NAPLES, FL 34110**

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 *Lawrence E. Urbanek* **LAWRENCE E. URBANEK MGRM**

**5/10/05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **URBANEK, URSULA**  
STREET ADDRESS **377 MALLORY**  
CITY-ST-ZIP **NAPLES, FL 34100**

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

TITLE **MGRM** ☐ Delete  
NAME **URBANEK, LAWRENCE E**  
STREET ADDRESS **377 MALLORY CT**  
CITY-ST-ZIP **NAPLES, FL 34110**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 *Lawrence E. Urbanek* **LAWRENCE E. URBANEK** **5/10/05** **2395972284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #