

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**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**



04022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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

*Lawrence Urbanek*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/4/06*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**U000000502852  
04/26/06-80007-022 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	URBANEK, URSULA
STREET ADDRESS	377 MALLORY
CITY-ST-ZIP	NAPLES, FL 34100
TITLE	MGRM
NAME	URBANEK, LAWRENCE E
STREET ADDRESS	377 MALLORY CT
CITY-ST-ZIP	NAPLES, FL 34110
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 608, Florida Statutes.

**SIGNATURE:**

*Lawrence Urbanek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**LAWRENCE URBANEK**

Date

*4/4/06*

Daytime Phone

*239 598 5452*