


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90029 045 \*\*\*\*50.00

<b>DOCUMENT # L05000033512</b>					
1. Entity Name YULARA 2, LLC					
Principal Place of Business 7825 ALHAMBRA DR. BRADENTON, FL 34209			Mailing Address 7825 ALHAMBRA DR. BRADENTON, FL 34209		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02142006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>309-48-4199</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEALEY, MAURICE 7825 ALHAMBRA DR. BRADENTON, FL 34209				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 renouncing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEALEY, MAURICE		NAME		
STREET ADDRESS	7825 ALHAMBRA DR.		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL 34209		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEALEY, RENEE		NAME		
STREET ADDRESS	7825 ALHAMBRA DR.		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL 34209		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 606, Florida Statutes.					
SIGNATURE: <i>X Renée F. Healey</i>			Date: <i>4-20-06</i> Daytime Phone #: <i>941-798-5157</i>		

ATTACHMENT

36810610

June 7, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

Subject: YULARA2, LLC

Reference Number L05000033512

The managing members for this LLC are husband and wife. Any activity from this LLC is placed on our personal tax return.

Thank you,



Renee' Healey



ATTACHMENT

300/00/0

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2006

YULARA 2, LLC  
7125 ALHAMBRA DR.  
BRADENTON, FL 34209

Subject: YULARA 2, LLC

Reference Number:

L05000033512

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sm

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314