

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038105

Entity Name: LULU I, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

300 PARK AVENUE NORTH, SUITE 200
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

300 PARK AVENUE NORTH, SUITE 200
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-2782023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, W. SCOTT ESQ.
STUMP, STOREY, CALLAHAN, DIETRICH & SPEARS
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

NORMAN, TODD ESQ.
STUMP, STOREY, CALLAHAN, DIETRICH & SPEARS
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO, FL 32801 US

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.

SIGNATURE: TODD NORMAN

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, LARRY
Address: 300 PARK AVENUE NORTH, SUITE 200
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: BOLEN, JAMES L MD
Address: 2320 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY E. WILLIAMS

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date