

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90102 021 ***138.75

DOCUMENT # L05000038105

1. Entity Name
LULU I, LLC



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



02142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2782023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WILLIAMS, LARRY
STREET ADDRESS	300 PARK AVENUE NORTH, SUITE 200
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	BOLEN, JAMES L MD
STREET ADDRESS	2320 NORTH ORANGE AVENUE
CITY - ST - ZIP	ORLANDO, FL 32804
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: _____

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

Date

Daytime Phone #

4/10/08

407 6454700