## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L05000047801** 03-16-2006 90030 007 \*\*\*\*50 00 1. Entity Name BULI, LLC Principal Place of Business Mailing Address C/O 334 WEST OLYMPIA AVE PUNTA GORDA. FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03072006 CR2E083 (11/05) 2532 P.O. Box City & State City & State 4. FEI Number Applied For Key West FL Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33045 NSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATSON, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) C/O 334 WEST OLYMPIA AVE PUNTA GORDA, FL 33950 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Squeture, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 MGRM TITLE Addition TITLE ☐ Defete ☐ Change ROGERS, GEORGE S NAME P.O. BOX 2532 STREET ADDRESS STREET ADDRESS COY-ST-7IP KEY WEST, FL 33045 CITY-ST-ZIP Oelete TITLE Addition TIRE ☐ Change WATSON, ELIZABETH P.O. BOX 2067 STREET ADDRESS STREET ADDRESS CATY+ST-ZIF KEY WEST, FL 33045 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

08 Mar 2006

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Mar 16, 2006 8:00 am