

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000052644

1. Entity Name
LUPA ASSOCIATES LLC



Principal Place of Business

611 HUDSON BAY DRIVE
PALM BEACH GARDENS, FL 33410 US

Mailing Address

611 HUDSON BAY DRIVE
PALM BEACH GARDENS, FL 33410 US



02032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0565018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLARDI, RONALD
611 HUDSON BAY DRIVE
PALM BEACH GARDENS, FL 33410

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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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME COLARDI, RONALD
STREET ADDRESS 611 HUDSON BAY DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE MGRM
NAME WALSH, JOHN
STREET ADDRESS 5101 MAGNOLIA BAY CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGR
NAME WALSH, PATTI
STREET ADDRESS 5101 MAGNOLIA BAY CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGR
NAME COLARDI, LUCY
STREET ADDRESS 611 HUDSON BAY DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000592221
04/13/07-80043-005 55.00

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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:

Ronald Colardi

April 1, 2007

561-7993895

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

Date

Daytime Phone #