

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070722

Entity Name: LULU FLAPS LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

536 WESTREE LANE
PLANTATION, FL 33324

New Principal Place of Business:

2919 NW 56 AVE
#B1
LAUDERHILL, FL 33313

Current Mailing Address:

536 WESTREE LANE
PLANTATION, FL 33324

New Mailing Address:

2919 NW 56 AVE
#B1
LAUDERHILL, FL 33313

FEI Number: 56-2527196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISHER, BERTRAND
536 WESTREE LANE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FISHER, BERTRAND
Address: 536 WESTREE LANE
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR () Delete
Name: SHAKES, SUZETTE
Address: 536 WESTREE LANE
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: BARNES, PANSY
Address: 536 WESTREE LANE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FISHER, BERTRAND
Address: 536 WESTREE LANE
City-St-Zip: PLANTATION, FL 33313 US

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: BERTRAND FISHER

MR

04/27/2006

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