


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90317 033 \*\*\*\*50.00

<b>DOCUMENT # L06000045410</b>	
1. Entity Name <b>LULING ONE LLC</b>	

Principal Place of Business <b>609 LAKE AVENUE SUITE 2 LAKE WORTH, FL 33460</b>	Mailing Address <b>PO BOX 6621 WEST PALM BEACH, FL 33460</b>
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**60048968**

2. Principal Place of Business - No P.O. Box # <b>120 S. Olive Ave</b>	3. Mailing Address <b>120 S. Olive Ave</b>
Suite, Apt. #, etc. <b>Suite 400</b>	Suite, Apt. #, etc. <b>Suite 400</b>
City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33401</b>	Country <b>USA</b>



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>204786622</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>REESE, DAVID B 609 LAKE AVENUE SUITE 2 LAKE WORTH, FL 33460</b>		7. Name and Address of New Registered Agent Name <b>Reese, David B</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 S. Olive Ave</b> <b>Suite 400</b> City <b>West Palm Beach, FL</b> Zip Code <b>33401</b>

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 *David B Reese* (NOTE: Registered Agent signature required when reinstating) DATE 4/30/07

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REESE, DAVID B 609 LAKE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Reese, David B 120 S. Olive Ave, Suite 400 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David B Reese* DAN KIELY 4/30/07 561 832 3321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #