2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000317

1. Entity Name
THE ULMERTON FINANCIAL CENTER, L.C.

Principal Place of Business	Mailing Address
283 SABAL PALM TERRACE BOCA RATON, FL 33432	218 S WASHINGTON ST PO BOX 1056 HAVRE DE GRACE, MD 21078

02062006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0660048
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVENHORST, PAUL S
ONE EAST BROWARD BLVD
#1300
FORT LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GRAVENHORST, PAUL S
STREET ADDRESS	283 SABAL PALM TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	REALTY ASSOCIATES INT'L
STREET ADDRESS	283 SABAL PALM TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	PROFESSIONAL REALTY MANAGEMENT INC
STREET ADDRESS	218 S WASHINGTON ST PO BOX 1056
CITY-ST-ZIP	HAVRE DE GRACE, MD 21078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06-80005-002 50.00

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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: Lynn Turnpack "AGENT" 2/16/06 410-939-0944 Ext 225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #