

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L96000000317

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



Principal Place of Business
**283 SABAL PALM TERRACE
BOCA RATON, FL 33432**

Mailing Address
**218 S WASHINGTON ST PO BOX 1056
HAVRE DE GRACE, MD 21078**



01092007 No 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**

**DO NOT WRITE
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	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	

U000000539440
01/25/07-80028-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/9/07 410-939-0744 Ext 225