2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State 02-28-2007 90150 020 ****50.00

1. Entity Nam	MENT # LUGUUUUU E LE COMPANY, LLC	0490				
Principal Place of Business 1179 YARNELL AVE. LAKE WALES, FL 33853		Mailing Address 1179 YARNELL AVE. LAKE WALES, FL 33853		60019881		
Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162007 Chg-LLC CR2E083	3 (12/06)	
City & State		City & State		4. FEI Number 70 - 4380791	Applied For Not Applicable	
Zip	Country :	Zip	Country	5. Certificate of Status Desired	5.00 Additional se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Ag	ent	
CHANDLEY, BARRETT C 1179 YRNELL AVE.			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
LAKE WALES, FL 33853						
			City	FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registered office or regi	istered agent, or both, in the State of Florida. I am fan	niliar with, and accept	
SIGNATURE .	Signatura, typed or printed name of registered agent	and title if applicable (1973)	TE. Registered Agent signature red	quired when reinstating) DATE		
	Signature, typeo or printed hance or registered agent	rano tite ii appreante (140)	ic negisieres Agent signature rec	Quired when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2007				Make check pay Florida Departmen		
9.	MANAGING MEMBI	ERS/MANAGERS	10.	ADDITIONS/CHANGES		
IIIFE	MGR	☐ Defete	HILE	[Change Addition	
NAME STREET ADDRESS	CHANDLEY, LORI L 1179 YARNELL AVE.		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY SI ZIP	•		
IIILE		☐ Delete	TITLE	[Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY ST ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST-ZIP			
TITLE		Delete	IJĪLE		Change Addition	
NAME		_ 555.00	NAME		7 4 - 7	
STREET ADDRESS			STREET ADDRESS			
CHY-SI-ZIP			CITY ST ZIP			
TITLE NAME		☐ Delete	TITLE NAME	L	Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY ST ZIP	<u> </u>		
TITLE		Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST ZIP			
indicated	certify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have	the same legal effect as	ned in Chapter 119, Florida Statutes, I further certify th s if made under oath; that I am a managing member o chapter 608, Florida Statutes.	nat the information or manager of the	