2008 LIMITED LIABILITY COMPANY

FILED Mar 31, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State						
DOCUMENT # L04000024356								03-31-	2008 9	0267	005 ***14	3.75
1. Entity Nam	10			- 1								
LUGE MA	ANAGEME	ENT, LLC		1								
Principal Place	e of Business		Mailing Address									
COMMERCIAL TRUST COMPANY			COMMERCIAL TRUST COMPANY				60018272					
220 ALHAMBRA CIR, 11 FL Coral Gables, FL 33134			220 ALHAMBRA CIR, 11 FL Coral Gables, Fl 33134			00020						
CONAL GADE			COIGAL GABLES, I E 33	134								
2. Principal Place of Business - No P.O. Box # MercantilCCTC; TN:AT			3. Mailing Address Mercantil CTC, N.A.									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042008	05-116		○ D2E	002 (40(0E)			
220 Alhambra Circle, llth. F			220 Alhambra CIrcle, lith F			•	3	,	CRZE	083 (12/06)		
City & State Coral Gables, FL			City & State Coral Gables, Fl			4. FEI Num NOT A	ber .PPLICABLE	<u> </u>		<u> </u>	plied For t Applicable	
Zip	Jan	Country	Zip	Country	Country			e of Status Des		;[] \$	\$5.00 Add	litional
33134	& Name	USA and Address of Current R	33134	USA							Fee Require	d
	o. Name	and Address of Current R	radistaleo Agent		Name		7. Name an	d Address of	ABM LOT	liara.ac	Agent	
		SERVICES, LLC			Street Ad	idress (f	P O Box Num	ber is Not Acce	ntable)			
	MBRA CIR ABLES, FL			-	0001				, p ,			
				L								
					City					FL	Zip Code	Э
	named entity		the purpose of changing its	registered	d office or	register	ed agent, or b	oth, in the State	of Florid	da. Lam	familiar with,	and accept
	nons or registe	neu agent.										
SIGNATURE .	Signature, typed o	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signatu	ne required	when reinstating)			DATE		
			nd title if applicable. (NOTE	: Registered i	Agent signatul	ire required	when reinstating)		Make		navahla ta	.
FILE	E NOW!!! F	or printed name of registered agent ar FEE IS \$138.75 Fee will be \$538.75	nd title if applicable. (NGTE	: Registered a	Agent signetul	ire required	when reinstating)	F		check	payable to nent of State	9
FILE After May	E NOW!!! F	FEE IS \$138.75 Fee will be \$538.75			Agent signetul	re required	when reinstating)		iorida I	check (Departn	nent of State	Đ
FILE	E NOW!!! F	FEE IS \$138.75		Registered /	Agent signatu	MGR	when reinstating)			check (Departn	nent of State	B Addition
FILE After May 9. Title NAME	MGR COMMERC	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COME	RS/MANAGERS EX Delete PANY, N.A.	10. TITLE NAME		MGR Mero	cantil	ADDIT	ionda i	check Departm	Change	Addition
FILE After May 9. TITLE NAME STREET ADDRESS	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS EX Delete PANY, N.A.	10. TITLE NAME STREET	T ADDRESS	MGR Mere 220	cantil	ADDIT	iorida i IONS/C ebank Le I	check Departm HANGE	Change	Addition
FILE After May 9. Title NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COME	RS/MANAGERS ME Delete PANY, N.A.	10. TITLE NAME	T ADDRESS	MGR Mere 220	cantil	ADDIT	iorida i IONS/C ebank Le I	check Departm HANGE	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS EX Delete PANY, N.A.	10. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C ebank Le I	check Departm HANGE	S Change ust Comp	Addition P., N.A.
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS ME Delete PANY, N.A.	10. TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS	MGR Mere 220	cantil	ADDIT	iorida i IONS/C ebank Le I	check Departm HANGE	S Change ust Comp	Addition P., N.A.
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS ME Delete PANY, N.A.	10. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS	MGR Mere 220	cantil	ADDIT	iorida i IONS/C ebank Le I	check Departm HANGE	S Change ust Comp	Addition P., N.A.
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS A Delete PANY, N.A. L Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C ebank Le I	check Departm HANGE	Change Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS A Delete PANY, N.A. L Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	PANY, N.A. Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change	Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE NAME NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS A Delete PANY, N.A. L Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	PANY, N.A. Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change	Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS PANY, N.A. Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME CITY-S TITLE NAME CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change Change	Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	PANY, N.A. Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change	Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS PANY, N.A. Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change Change	Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	PANY, N.A. Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change Change	Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	RS/MANAGERS PANY, N.A. Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change	Addition Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MGR COMMERI 220 ALHAI	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER CEBANK TRUST COMM MBRA CIRCLE, 11TH F	PANY, N.A. Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	MGR Mere 220	cantil	ADDIT	iorida i IONS/C bank Le I	check Departm HANGE	Change Change Change Change	Addition Addition Addition 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: AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/08/208 305-441-5555