


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 9:20

DOCUMENT # A97000002433	
1. Entity Name LUX HOLDINGS, LTD.	

Principal Place of Business C/O ESTEIN & ASSOCIATES, U.S.A. 5211 INTERNATIONAL DR., INTERN. STATION ORLANDO, FL 32819	Mailing Address C/O ESTEIN & ASSOCIATES, U.S.A. 5211 INTERNATIONAL DR., INTERN. STATION ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Road Suite 201 Orlando, FL 32819 USA	c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Road Suite 201 Orlando, FL 32819 USA	1092008 Chg-LP CR2E003 (12/06)	FEI Number 59-3478894	Applied For Not Applicable
6. Name and Address of Current Registered Agent VEGOSEN, DEAN 18TH FLOOR 515 NORTH FLAGLER WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.	DATE

<p><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2008, Fee will be \$900.00</b></p> <p><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000095078 G.P. LUX CORPORATION 5211 INTERNATIONAL DR. ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	4705 S. Apopka Vineland Rd, STE. 201 ORLANDO, FLA 32819
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Pres.	Date 4/24/08	Daytime Phone #
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