2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003606

1. Entity Name
LUAN INVESTMENTS, L.L.C.

FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5505 PEMBROKE ROAD HOLLYWOOD, FL 33021-8035	5505 PEMBROKE ROAD HOLLYWOOD, FL 33021-8035

07072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2184842
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEATING, JOHN D
5505 PEMBROKE ROAD
HOLLYWOOD, FL 33021-8035

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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KEATING, JOHN D
STREET ADDRESS	5505 PEMBROKE ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 330218035
TITLE	MGRM
NAME	HEIN, ROBERT N
STREET ADDRESS	2636 GRACE DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	ADAMS, FLOOKER
STREET ADDRESS	1021 N.W. 1ST STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954214
07/11/08-80005-006 138.75

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: John Keating

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #