2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# L02000007827

Entity Name: HYPOLUXO CENTER, LLC

Current Principal Place of Business:

9045 LAFONTANA BLVD.
218 A/K/A C-5
BOCA RATON, FL 33434 US

New Principal Place of Business:

9045 LA FONTANA BLVD.
218
BOCA RATON, FL 33434 US

Current Mailing Address:

9045 LAFONTANA BLVD.
218 A/K/A C-5
BOCA RATON, FL 33434 US

New Mailing Address:

9045 LA FONTANA BLVD.
218
BOCA RATON, FL 33434 US

FEI Number: 01-0649433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVY, HYMAN
500 SE FIFTH AVE
#701
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVY, HYMAN
Address: 9045 LAFONTANA BLVD.,, #218 A/K/A C-5
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEVY, HYMAN
Address: 9045 LA FONTANA BLVD.,, #218
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HYMAN LEVY MGR 05/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date