2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90185 027 ****50.00

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1. Entity Name
LUXURY VENTURES LLC

Principal Place of Business	Mailing Address
27820 S, TAMIAMI TRAIL SUITE 3 BONITA SPRINGS, FL 34134	PO BOX 2347 BONITA SPRINGS, FL 34133

02232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
27820 S. Tamiami Trail	P.O. BOX 2347
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc.
City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34134 Country USA	Zip 34133 Country USA

4. FEI Number 04-3681654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYONS & LYONS, PA 25241 ELEMENTARY WAY STE 206 BONITA SPRINGS, FL 34135	Name L+L PARA, Ltd. Co. Street Address (P.O. Box Number is Not Acceptable) 27911 Crown Lake Blvd. Suite 201 City Bonita Springs FL Zip Code 34135

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 Richard D. Lyons, Manager 2/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATERS, C. KEVIN 27820 S. TAMIAMI TRAIL, STE 3 BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPPER, PATRICK J 27820 S. TAMIAMI TRAIL, STE 3 BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: P. J. Hopper 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #