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
27820 S, TAMIAMI TRAIL
SUITE 3
BONITA SPRINGS, FL 34134

Mailing Address
PO BOX 2347
BONITA SPRINGS, FL 34133

02232007 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address P.O. Box 2347
Suite, Apt. #, etc.
City & State Bonita Springs, FL
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
LYONS & LYONS, PA
25241 ELEMENTARY WAY
STE 206
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATERS, C. KEVIN	NAME	
STREET ADDRESS	27820 S. TAMIAMI TRAIL, STE 3	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOPPER, PATRICK J	NAME	
STREET ADDRESS	27820 S. TAMIAMI TRAIL, STE 3	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #