

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014475

Entity Name: LUXURY VENTURES LLC

FILED
Jun 03, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 2347
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 04-3681654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

L&L PARA, LTD. CO.
27911 CROWN LAKE BLVD.
STE 201
BONITA SPRINGS, FL 34135 US

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: MGR () Delete
Name: WATERS, C. KEVIN
Address: 27820 S. TAMiami TRAIL, STE 3
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: HOPPER, PATRICK J
Address: 27820 S. TAMiami TRAIL, STE 3
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WATERS, C. KEVIN
Address: PO BOX 623703
City-St-Zip: OVIEDO, FL 32762 US

Title: MGR (X) Change () Addition
Name: HOPPER, PATRICK J
Address: PO BOX 771179
City-St-Zip: NAPLES, FL 34107 US

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: C. KEVIN WATERS

CEO

06/03/2009

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