


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90037 037 *****55.00

DOCUMENT # L02000027510

1. Entity Name
LUVI MANAGEMENT L.C.



Principal Place of Business
**12219 S.W. 14TH LANE, STE. 2203
 MIAMI, FL 33184**

Mailing Address
**12219 S.W. 14TH LANE, STE. 2203
 MIAMI, FL 33184**

2. Principal Place of Business
PO Box 7188

3. Mailing Address
PO Box 7188

Suite, Apt. #, etc.
Port St Lucie

Suite, Apt. #, etc.
Port St Lucie

City & State
Florida

City & State
Florida

Zip
34985

Country
St Lucie

Zip
34985

Country
St Lucie



04212004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
Nilda Sanchez

Street Address (P.O. Box Number is Not Acceptable)
1226 S.W. Airosa Blvd

City
Port St Lucie FL

Zip Code
34983

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 **Nilda Sanchez**  DATE **4-22-04**

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input type="checkbox"/> Delete CASTANO, BEATRIZ H 12219 S.W. 14TH LANE, STE. 2203 PO Box 7188 MIAMI, FL 33184 Port St Lucie, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete SANCHEZ, NILDA 12219 SW 14 LN STE 2203 PO Box 7188 MIAMI, FL 33184 Port St Lucie, FL 34985	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4-22-04** DAYTIME PHONE # **786255-4321**

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