


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90050 023 \*\*\*\*55.00

<b>DOCUMENT # L02000027510</b>	
1. Entity Name LUVI MANAGEMENT L.C.	

Principal Place of Business PO BOX 7188 PORT SAINT LUCIE, FL 34985	Mailing Address PO BOX 7188 PORT SAINT LUCIE, FL 34985
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1661305	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SANCHEZ, NILDA 1226 SW AIROSO BLVD PORT SAINT LUCIE, FL 34983
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTANO, BEATRIZ H PO BOX 7188 PORT SAINT LUCIE, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, NILDA PO BOX 7188 PORT SAINT LUCIE, FL 34985
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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**  **4-8-05** **786 255-4321**

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