


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90022 010 \*\*\*\*55.00

**DOCUMENT # L02000027510**

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**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**06-1661305**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**SANCHEZ, NILDA  
 1226 SW AIROSO BLVD  
 PORT SAINT LUCIE, FL 34983**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTANO, BEATRIZ H PO BOX 7188 PORT SAINT LUCIE, FL 34985 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**  **4/20/06** **786255-4321**

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