

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027510

FILED
Apr 28, 2008
Secretary of State

Entity Name: LUVI MANAGEMENT L.C.

Current Principal Place of Business:

PO BOX 7188
PORT SAINT LUCIE, FL 34985

New Principal Place of Business:

2933 SW 1ST AVE
MIAMI, FL 33129

Current Mailing Address:

PO BOX 7188
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 06-1661305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PTD () Delete
Name: CASTANO, BEATRIZ H
Address: PO BOX 7188
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: S () Delete
Name: SANCHEZ, NILDA
Address: PO BOX 7188
City-St-Zip: PORT SAINT LUCIE, FL 34985

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CASTANO, ADRIANA
Address: PO BOX 7188
City-St-Zip: PORT SAINT LUCIE, FL 34985

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: NILDA SANCHEZ

MGR

04/28/2008

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