


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90099 001 *****50.00
05-05-2004 90099 002 *****5.00

DOCUMENT # L02000031176	
1. Entity Name LUPHA INTERIORS, LLC	

Principal Place of Business 6423 COLLINS AVENUE, #1103 MIAMI BEACH FL 33141	Mailing Address 6423 COLLINS AVENUE, #1103 MIAMI BEACH FL 33141
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 34-1975601		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LINCOLN, TIMOTHY C-ESQ. 5601 NORTH DIXIE HIGHWAY, SUITE 411 FT. LAUDERDALE FL 33334		7. Name and Address of New Registered Agent Name Lincoln, Timothy C Esq. Street Address (P.O. Box Number is Not Acceptable) Downtown Legal Center 46 N. E. 6th Street City Miami FL Zip Code 33132	
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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 _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINCOLN, TIMOTHY C 5601 NORTH DIXIE HIGHWAY, SUITE 420 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	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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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 Timothy C. Lincoln **Timothy C. Lincoln** **3/15/04** **(954) 202-1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #