

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

04-20-2004 90191 037 ****50.00

4/2

DOCUMENT # L03000017001 1. Entity Name LUXURY HOMES INVESTMENTS, LLC					
Principal Place of Business C/O PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108			Mailing Address C/O PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, GARY C/O PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renouncing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Delete ☐	Delete ☐	Delete ☐		Change ☐ Addition ☐
	Delete ☐	Delete ☐	Delete ☐		Change ☐ Addition ☐
	Delete ☐	Delete ☐	Delete ☐		Change ☐ Addition ☐
	Delete ☐	Delete ☐	Delete ☐		Change ☐ Addition ☐
	Delete ☐	Delete ☐	Delete ☐		Change ☐ Addition ☐
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4-15-04 Daytime Phone #					

34007312



MOORE CR2E083 (11/03)

4. FFI Number: **20-1079039** Applied For ☒ Not Applicable ☐

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