

# 07 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000017001

1. Entity Name

LUXURY HOMES INVESTMENTS, LLC



**FILED**

**Feb 15, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

C/O PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108

C/O PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1079039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. 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

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

NAME: MGRM ☐ Delete  
OVERSON, THOMAS H  
STREET ADDRESS: 5801 PELICAN BAY BLVD #300  
CITY-ST-ZIP: NAPLES FL 34108

☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
U00000636990  
02/26/07-80041-019 50.00

NAME: ☐ Delete  
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CITY-ST-ZIP:

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.