

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90026 017 \*\*\*138.75

**60038593**



<b>DOCUMENT # L03000019445</b> 1. Entity Name LUCA HOMES, L.L.C.					
Principal Place of Business 1101 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131			Mailing Address 1101 BRICKELL AVE SUITE 1700 SUITE 1700 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # <i>2655 LeToune Rd</i>		3. Mailing Address <i>2655 LeToune Rd</i>			
Suite, Apt. #, etc. <i>Suite 508</i>		Suite, Apt. #, etc. <i>Suite 508</i>			
City & State <i>Coral Gables, FL</i>		City & State <i>Coral Gables, FL</i>			
Zip <i>33134</i>		Country <i>USA</i>		4. FEI Number 20-0364170	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  PEÑALVER, AURORA ESQ. 1101 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <i>AURORA PENALVER, ESQ</i> Street Address (P.O. Box Number is Not Acceptable) <i>2655 LeToune Rd</i> <i>Suite 508</i> City <i>Coral Gables</i> <b>FL</b> Zip Code <i>33134</i>		
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 <i>Aurora Penalver</i> DATE <i>4/7/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESCUDERO, JULIO C 1101 BRICKELL AVE #1700 MIAMI, FL 33131		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Julio Escudero</i> DATE <i>4/7/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					