

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 036 ****50.00

DOCUMENT # L03000026994

1. Entity Name
LUXOR 17 PROPERTIES LLC



Principal Place of Business
**295 WEST 27 STREET
HIALEAH, FL 33010**

Mailing Address
**295 WEST 27 STREET
HIALEAH, FL 33010**

2. Principal Place of Business
6073 NW 167 St
Suite, Apt. #, etc.
C 19

3. Mailing Address
6073 NW 167 ST
Suite, Apt. #, etc.
C 19

City & State
MIAMI, Florida

City & State
Miami, Florida

Zip
33015

Country

Zip
33015

Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3704241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREIRIA, JESUS
295 WEST 27 STREET
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name
Freiria, Jesus
Street Address (P.O. Box Number Is Not Acceptable)
6073 NW 167 ST
C 19
City
Miami FL Zip Code
33015

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREIRIA, JESUS
295 WEST 27 STREET
HIALEAH, FL 33010** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CALLEJA, SERGIO
9977 N.W. 117 TERRACE
HIALEAH GARDENS, FL 33018** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**6073 NW 167 ST C19
Miami, Florida 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**6073 NW 167 ST. C19
Miami, Florida 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Jes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN 24 2006

Date

Daytime Phone #

305-5121440