2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90067 028 ****50.00

Zip Country Zip Country	DOCUMENT # L03000027191 1. Entity Name LUTHRA PROPERTIES, LLC				04-29-2004 90067 028 ****50.00	
Sullis, Apt. 4, etc. City & State Country Zip Country Zip Country S. Country S	499 N. STATE	ROAD 434, SUITE 2159	499 N. STATE ROAD 4		(
City & State Cey	Principal Place of Business Address Address					
STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 8. The above named entity, submits this statement of the physics of changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice or registered agent, or both, in the State of Ferdica. In the first with, and a changing its registered diffice. Filling Fee is \$50.00 Plate to State. Fi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-LLC CR2E083 (10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P. O. Bod Number is Not Acceptable) 7. Name and Address (P. O. Bod Number is Not Acceptable) 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is Not Acceptable) 7. Name Address (P. O. Bod Number is	City & State		City & State		4. FEI Number 7 53 12 42 14 Applied For Not Applicable	
STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 8. The above named entity, submits this statement of perplose of changing its prejistered effice of registered agent. 9. Private Spreak April segment requested and are registered agent. 9. MANAGING MEMBERS / MANAGERS 10. MANAGING MEMBERS / MANAGERS 10. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANG	Zip	<u> </u>		Country	5. Certificate of Status Desired Fee Required	
Filling Fee is \$50.00 Due by May 1, 2004 Make check payable to Ficrida Department of State	STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 Street Address (P.O. Box Number is Not Acceptable) 499 N. SR. 434 # 2159 City ALTAMONTE SPRINGS FL Zip Code 32-71 8. The above named entity, submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable					
NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TI	Fili Due	ng Fee is \$50.00 b by May 1, 2004 MANAGING MEN			Make check payable to Florida Department of State ADDITIONS/CHANGES	
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not contain the same legal effect as if made under oath; that I am a managing member or manager of the	Name Street Address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
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	NAME Street Address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
SIGNATURE: SIGNATURE AND TYPECOOR PRINTED PROME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Descripte Phone #	indicated o limited liabi	n this report is true and accurate a lity company or the receiver or tru	and that my cignature chall have	a tha sama langl affact as it	f made under noth; that I am a managing member or manager of the	