

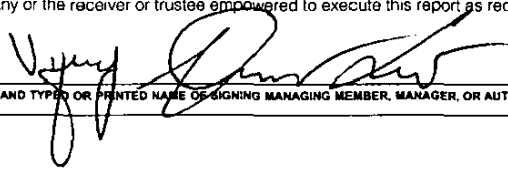


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90035 025 ****50.00

DOCUMENT # L03000027191					
1. Entity Name LUTHRA PROPERTIES, LLC					
Principal Place of Business 499 N. STATE ROAD 434, SUITE 2159 ALTAMONTE SPRINGS, FL 32714			Mailing Address 499 N. STATE ROAD 434, SUITE 2159 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 27 N Summerlin Ave Suite, Apt. #, etc.		3. Mailing Address 27 N Summerlin Ave Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 75-3124214	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUTHRA, VIJAY K 499 N. SR 434 #2159 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name: Luthra, Vijay K Street Address (P.O. Box Number is Not Acceptable): 27 N Summerlin Ave. City: Orlando FL Zip Code: 32801		
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE MGR NAME LUTHRA, VIJAY K STREET ADDRESS 499 N. SR 434 #2159 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE MGR NAME Luthra, Vijay K. STREET ADDRESS 27 N Summerlin Ave CITY-ST-ZIP Orlando FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME NANKI INTERNATIONAL LLC STREET ADDRESS 499 N SR 434 #2159 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE MGR NAME Nanki International LLC STREET ADDRESS 27 N Summerlin Ave CITY-ST-ZIP Orlando FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME LUTHRA, ASHMA STREET ADDRESS 2015 BLUE HERON CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME KUMAR, SATISH STREET ADDRESS 499 N SR 424 #2159 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE MGR NAME Kumar, Satish STREET ADDRESS 27 N Summerlin Ave CITY-ST-ZIP Orlando FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			4/28/06 407-649-9688		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		