

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000027191**

1. Entity Name  
**LUTHRA PROPERTIES, LLC**



Principal Place of Business  
**27 N SUMMERLIN AVE  
ORLANDO, FL 32801**

Mailing Address  
**27 N SUMMERLIN AVE  
ORLANDO, FL 32801**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3124214**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**LUTHRA, VIJAY K  
27 N SUMMERLIN AVE  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

9. 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LUTHIA, VIJAY K
STREET ADDRESS	27 N SUMMERLIN AVE
CITY-STATE-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	NANKI INTERRETATIONAL LLC
STREET ADDRESS	27 N SUMMERLIN LLC
CITY-STATE-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	LUTHRA, ASHMA
STREET ADDRESS	2015 BLUE HERON
CITY-STATE-ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	KUMAR, SALISH
STREET ADDRESS	27 N SUMMERLIN AVE
CITY-STATE-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000745814  
05/16/07-80044-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**VIJAY K. LUTHRA**

**407 649 9888**