

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000035924**

**1. Entity Name  
LUXOR 59 PROPERTIES LLC**



**Principal Place of Business**

**295 WEST 27 ST.  
HIALEAH, FL 33010**

**Mailing Address**

**295 WEST 27 ST.  
HIALEAH, FL 33010**

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number  
41-2109655**

**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 ST.  
HIALEAH, FL 33010**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

000000253638  
03/07/05-80044-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**MAR 03 2005**

Date

Daytime Phone #