

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012759

Entity Name: LUJOVA HOMES, L.L.C.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

1412 SW GILROY RD  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

5137 SW 183 AVE  
MIRAMAR, FL 33029

## Current Mailing Address:

1412 SW GILROY RD  
PORT ST LUCIE, FL 34953

## New Mailing Address:

5137 SW 183 AVE  
MIRAMAR, FL 33029

FEI Number: 20-0803240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JALLER, NEHEMAN  
1412 SW GILROY RD  
PORT ST LUCIE, FL 34953      US

## Name and Address of New Registered Agent:

JALLER, NEHEMAN  
5137 SW 183 AVE  
MIRAMAR, FL 33029      US

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.

SIGNATURE: NEHEMAN JALLER

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR      ( ) Delete  
Name: JALLER, NEHEMAN MGR  
Address: 1412 SW GILROY RD  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES:

Title: MR      (X) Change ( ) Addition  
Name: JALLER, NEHEMAN MGR  
Address: 5137 SW 183 AVE  
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEHEMAN JALLER

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date