FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90067 011 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015731

1. Entity Name
PETER'S LUXURY DESIGNS, LLC

6000391b

Principal Place of Business	Mailing Address
7891 S.W. 62ND AVENUE MIAMI, FL 33143	7891 S.W. 62ND AVENUE MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-1117313 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SZAFRICS, IMRE
424 E. CENTRAL BLVD
#106
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: IMWORLD SERVICES INC
Street Address (P.O. Box Number is Not Acceptable): 424 E. CENTRAL BLVD
\# 106
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 [signature] IMRE SZAFRICS 1/16/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	ILLES, PETER	
STREET ADDRESS	7891 S.W. 62ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] PETER ILLES, MD 01/14/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date