2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90046 021 ****55.00

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1. Entity Name
FLORIDA LUXURY PROPERTIES, LLC

Principal Place of Business	Mailing Address
741 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432-5103	741 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432-5103

04152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1141 S. Rodgers Circle	911 So Ocean Blvd
Suite, Apt. #, etc.: Suite 8	Suite, Apt. #, etc.: #4C
City & State: Boca Raton, Fl	City & State: Boca Raton Fl.
Zip: 33481 Country: USA	Zip: 33432 Country: Fl

4. FEI Number: 05 05 99383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO,BLASI & WASSERMAN, P.A.
7777 GLADES ROAD STE. 110
BOAC RATON, FL 33434

7. Name and Address of New Registered Agent

Name: Gayle Casey
Street Address (P.O. Box Number Is Not Acceptable): 911 So Ocean Blvd 4C
City: Boca Raton FL Zip Code: 33432

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: Gayle Casey [signature] DATE: 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	JACKSON, ELLIS	
STREET ADDRESS	1339 SW 44TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Change ☑ Addition
NAME	Gayle Casey	
STREET ADDRESS	911 So Ocean Blvd 4C	
CITY-ST-ZIP	Boca Raton, Fl 33432	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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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 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: Ellis Jackson 4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #