


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000047504 1. Entity Name LUKE AVENUE, LLC	
--	---

Principal Place of Business 2311 HIGHLAND AVENUE SOUTH C/O MAURICE L. SHEVIN BIRMINGHAM, AL 35205	Mailing Address P.O. BOX 55727 C/O MAURICE L. SHEVIN BIRMINGHAM, AL 35255-5727
--	---



01162008No Chg-LLC

CR2E083 (12/07)

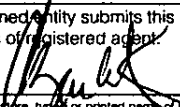
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1308545	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent BANKERT, CHRISTINE K 4968 LOVEGRASS LANE CRESTVIEW, FL 32539

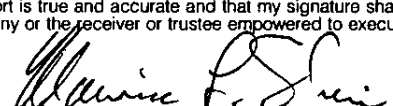
DO NOT WRITE IN THIS SPACE

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  <small>Signature, type or printed name of registered agent and title if applicable.</small>	DATE <u>1/16/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEVIN, MAURICE L 2311 HIGHLAND AVE SOUTH, STE 500 BIRMINGHAM, AL 35205
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000793293 01/25/08-80003-007 138.75
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>01/21/08</u> <small>Date</small>	DAYTIME PHONE # <u>205/930-5149</u> <small>Daytime Phone #</small>