

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000056081**

1. Entity Name  
**LUXURY VIEWS, LLC**



Principal Place of Business

**521 MANDALAY AVENUE  
610  
CLEARWATER, FL 33767**

Mailing Address

**521 MANDALAY AVENUE  
610  
CLEARWATER, FL 33767**

FILED

07 SEP 18 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**73-1713237**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GIBSON, PAUL F  
521 MANDALAY AVENUE  
610  
CLEARWATER, FL 33767**

**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 September 14, 2007**

**100109526451  
09/18/07--01005--009 \*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, PAUL F 521 MANDALAY AVENUE, #610 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RECEVEUR, RONALD 6012 REGAL SPRINGS DRIVE LOUISVILLE, KY 40205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**9-13-07**