

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 SEP 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

07102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1713237	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

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	MGRM
NAME	GIBSON, PAUL F
STREET ADDRESS	521 MANDALAY AVENUE, #610
CITY-ST-ZIP	CLEARWATER, FL 33767

TITLE	MGRM
NAME	RECEVEUR, RONALD
STREET ADDRESS	6012 REGAL SPRINGS DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40205

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	

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

9-13-07

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**