


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90335 034 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L04000059254</b> 1. Entity Name <b>LUMAREN, LLC</b>			
Principal Place of Business <b>9915 COSTA DEL SOL                  MIAMI, FL 33178</b>		Mailing Address <b>9915 COSTA DEL SOL                  MIAMI, FL 33178</b>	
2. Principal Place of Business - No P.O. Box # <b>5292 NW 76th Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>James</b> Suite, Apt. #, etc.	
City & State <b>Ocala FL</b>		City & State _____	
4. FEI Number <b>20-1469888</b>		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 <b>SWANSON, VIMEN L                  2522 SW 27TH AVE                  Ocala, FL 34474</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
B. 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: _____ DATE: _____ <small>(Signature, Name or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required upon submission.)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE <b>MGR</b> NAME <b>LUIS E LOPEZ AS TRUSTEE OF THE LUIS E LOPE</b> STREET ADDRESS <b>9915 COSTA DEL SOL</b> CITY-STATE-ZIP <b>MIAMI, FL 33178</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MGR</b> NAME <b>MARIA C SOLTURA DE LOPEZ AS TRUSTEE OF THE</b> STREET ADDRESS <b>9915 COSTA DEL SOL</b> CITY-STATE-ZIP <b>MIAMI, FL 33178</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MGR</b> NAME <b>BEHRENS, ENRIQUE E</b> STREET ADDRESS <b>PO BOX 41371</b> CITY-STATE-ZIP <b>ST. PETERSBURG, FL 33743</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGR</b> NAME <b>Maria Behrens</b> STREET ADDRESS <b>5292 NW 76th Ct</b> CITY-STATE-ZIP <b>Ocala FL 34482</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <u>Enrique Behrens</u>		Date: <u>2/1/08</u>	
<small>(Signature and Title of Person in Charge of Filing: Managing Member, Manager, or Authorized Representative)</small>			

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