


**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90021 026 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L04000069373			
1. Entity Name EPI LUGANO, L.L.C.			
Principal Place of Business 4000 N. FEDERAL HIGHWAY STE. 206 BOCA RATON, FL 33431		Mailing Address 1000 OMNI BLVD. NEWPORT NEWS, VA 23606	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04112008		Chg-LLC CR2E083 (12/08)	
4. FEI Number 20-1440825		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent  MACLAREN, LINDA O 798 SO. FEDERAL HIGHWAY STE 100 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name CORPCO, INC. Street Address (P.O. Box Number is Not Acceptable) 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR City MIAMI FL Zip Code 33133	
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 <u>Howard Friedberg a.s.v.P.</u> DATE <u>4/22/2008</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retaking)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMAS, NICHOLAS 4000 N. FEDERAL HIGHWAY STE. 206 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Nick Economos</u>		NICK ECONOMOS 04/21/2008 (757) 591-3519	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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