2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

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Entity Name: LUNAMAR INVESTMENTS, LLC

Current Principal Place of Business:

5128 HALTATA CT
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

4340 HARBORPOINTE DR
PORT RICHEY, FL 34668

Current Mailing Address:

5128 HALTATA CT
NEW PORT RICHEY, FL 34655

New Mailing Address:

4340 HARBORPOINTE DR
PORT RICHEY, FL 34668

FEI Number: 20-2376262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I
501 EAST KENNEDY BOULEVARD STE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, JERRY L
Address: 5128 HALTATA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete
Name: SMITH, KATHRYN A
Address: 5128 HALTATA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, JERRY L
Address: 4340 HARBORPOINTE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM (X) Change ( ) Addition
Name: SMITH, KATHRYN A
Address: 4340 HARBORPOINTE DR
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JERRY L. SMITH MGRM 01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date