

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000018113 1. Entity Name 4496 LUKE AVENUE, L.L.C.		
Principal Place of Business 4475 LEGENDARY DRIVE DESTIN, FL 32541	Mailing Address 4475 LEGENDARY DRIVE DESTIN, FL 32541	



03042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2387973	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DANA C ESQ.
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541

**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]
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000858301
04/01/08-80039-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MATTHEWS, DANA C
STREET ADDRESS	4475 LEGENDARY DRIVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	BRANDON, GARY
STREET ADDRESS	P.O. BOX 21
CITY-ST-ZIP	SPRINGDALE, AR 72765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

[Signature] Dana C. Matthews 3/16/08 850-837-3462

Date

Daytime Phone #