

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000034063**

1. Entity Name  
**LUXOR 21 INVESTMENT GROUP, LLC**



Principal Place of Business

**6073 NW 167 ST  
C 19  
HIALEAH, FL 33015**

Mailing Address

**6073 NW 167 ST  
C 19  
HIALEAH, FL 33015**



01102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2675785**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FREIRIA, JESUS  
6073 NW 167 ST  
C 19  
HIALEAH, FL 33015**

**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 \_\_\_\_\_

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

11000000906701  
05/05/08-80008-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FREIRIA, JESUS
STREET ADDRESS	6073 NW 167 ST C19
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	MGR
NAME	CALLEJA, SERGIO
STREET ADDRESS	6073 NW 167 ST C19
CITY-ST-ZIP	HIALEAH, FL 33015
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

Date

Daytime Phone #

*Sergio Calleja*

*4/15/08*

*305 512 1440*