

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 07, 2008 8:00 am
Secretary of State**

04-07-2008 90224 034 ***138.75

60020017



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2847228	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LUNA, EDGAR
973 AZURE LINE
WESTON, FL 33326

Name LUNA, EDGAR

Street Address (P.O. Box Number is Not Acceptable)

973 AZURE LINE

City WESTON

FL 33326

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 Edgar LUNA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 04/03/08

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNA, EDGAR 873 AZURE LINE WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG-12M LUNA, EDGAR 973 AZURE LINE WESTON FL 33326	<input checked="" 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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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

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: Edgar LUNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/03/08 954-389-4533

Date

Daytime Phone #