## 2008 LIMITED LIABILITY COMPANY ...... ANNUAL REPORT

## DOCUMENT # L05000047305

1. Entity Name

CITY - ST - ZIP

LUCY STREET INVESTORS, LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
20-2946569		Not Applicable
5. Certificate of Status Desired	 \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

8. The above the obliga	a named entity submits this statement for the purpose of char tions of registered agent	nging its registered office or registered agent.	or both, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstate	nng) DATE
FILE After Ma	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	NOT THE REST OF THE PARTY OF TH	
9.	MANAGING MEMBERS/MANAGERS		<del></del>
TITLE	MGR		US/27/U8-80017-001 1 <b>38.</b> 75
NAME	HENAO, LUIS		
STREET ADDRESS	901 PONCE DE LEON BOULEVARD STE 603		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	MGR	<del>''</del>	
NAME	OSORNO, JUAN		
STREET ADDRESS	901 PONCE DE LEON BOULEVARD STE 603		
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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:	all	UNS HEMAD	4/28/08	305-444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			TIVE Oate	Daytime Phone #