## **2007 LIMITED LIABILITY COMPANY**

DO NOT WRITE IN THIS SPACE

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

## **ANNUAL REPORT**

**DOCUMENT # L05000067238** 

LUMÓS NEPTUNE. LLC

Principal Place of Business

Mailing Address

718 EAST SUGARLAND HWY. UNIT B CLEWISTON, FL 33440

417 WEST SUGARLAND HWY. CLEWISTON, FL 33440

## **FILED** Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90031 047 \*\*\*\*50.00



04142007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

Oate

| 4. FEI Number                    | Applied For       |     |
|----------------------------------|-------------------|-----|
| NOT APPLICABLE                   | Not Applicat      | λle |
| 5. Certificate of Status Desired | \$5.00 Additional |     |

6. Name and Address of Current Registered Agent

PEREZ, ANTONIO R 417 WEST SUGARLAND HWY. CLEWISTON, FL 33440

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of chan ions of registered agent. | iging its registered office or registered agent, or both, in the State of   | f Florida. I am familiar with, and accept |  |  |
|--|---|---|---|--|--|
| SIGNATURE_   | Signature, typed or printed name of registered agent and title if applicable.         | typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |   |  |  |
|  | iling Fee is \$50.00<br>ue by May 1, 2007   |   |   |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>AGUILA, CALIXTO<br>417 WEST SUGARLAND HWY.<br>CLEWISTON, FL 33440              |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO NOT  | WRITE                                     |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN THIS S   | SPACE                                     |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |   |  |  |
| 11. I hereby certify that the information supplied with this filling 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 description of the second as required by Chapter 608. Florida Statutes. |   |   |   |  |  |