


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90007 025 ****50.00

DOCUMENT # L05000067767

1. Entity Name
LUV GARDEN, LLC



Principal Place of Business Mailing Address

175 SE ST. LUCIE BLVD., D-7 175 SE ST. LUCIE BLVD., D-7
 STUART FL 34996 STUART FL 34996
 US US



2. Principal Place of Business 3. Mailing Address

10789 S.W. TRADITION Sq ← *SAME*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State

PORT ST LUCIE, FL *FL*

Zip Country Zip Country

34987 *ST LUCIE* *FL*

4. FEI Number Applied For

74-3148556 Not Applicable

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

6. Name and Address of Current Registered Agent

MADDEN, JOHN W ESQ
789 SOUTH FEDERAL HIGHWAY
SUITE 308-
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FLAUGH, JOAN G	
STREET ADDRESS	175 SE ST. LUCIE BLVD., D-7	
CITY-ST-ZIP	STUART FL 34996	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FLAUGH, JOHN H	
STREET ADDRESS	175 SE ST. LUCIE BLVD., D-7	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John H. Flaugh* **JOHN H. FLAUGH** *2/2/06* *772 345 5683*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #