2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90064 006 ***138.75

DOCUMENT # L05000067767

1. Entity Name
LUV GARDEN, LLC

1st MOORE CR2E083 (10/07)

Principal Place of Business	Mailing Address
10789 SW TRADITION SQ PORT SAINT LUCIE FL 34987 US	10789 SW TRADITION SQ PORT SAINT LUCIE FL 34987 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4777 PGA BLVD.	4777 PGA BLVD
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: PALM BEACH GARDENS, FL.	City & State: PALM BEACH GARDENS, FL.
Zip: 33410 Country: USA	Zip: 33410 Country: USA.

4. FEI Number: 74-3148556 ☐ Applied For ☐ 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: JOHN H. FLAUGH
Street Address (P.O. Box Number is Not Acceptable): 175 ST. LUCIE BLVD, APT. D-7
City: STUART FL Zip Code: 34996

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: John H. Flaugh (Signature, typed or printed name of registered agent and title if applicable) John H. Flaugh (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLAUGH, JOAN G 175 SE ST. LUCIE BLVD., D-7 STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLAUGH, JOHN H 175 SE ST. LUCIE BLVD., D-7 STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 2/1/08 772 220-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #