## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000089447** 

1. Entity Name

LUNA ESTATES, L.L.C.



FILED Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Business

555 NW 29TH STREET MIMI, FL 33127

Mailing Address

555 NW 29TH STREET MIAMI, FL 33127



## DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-1887920

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

LUSTIG, ROY R P.A. 2600 DOUGLAS ROAD, SUITE 908 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

	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. It the obligations of registered agent.	am familiar with, and accept
01		

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

000000586795 01/17/07-80008-008 **50.**00

DATE

L	9.	MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTEL, SANDRA 555 NW 29TH STREET MIAMI, FL 33127
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTEL, MARCOS 555 NW 29TH STREET MIAMI, FL 33127
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

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 receiver or trustee employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

10/07

3055734309

Daytime Phone #