

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90146 022 *****50.00

DOCUMENT # L05000096355
1. Entity Name
LUQUE PROPERTIES LLC

DO NOT WRITE IN THIS SPACE

20005048

2. Principal Place of Business 4152 LONICERA LOOP Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL	City & State	4. FEI Number 35-2261919	Applied For Not Applicable
Zip 32259	Country USA	Zip	Country

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current 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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA LUQUE 11111 - 70 SAN JOSE BLVD #248 JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MIGUEL LUQUE 11111 - 70 SAN JOSE BLVD #248 JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maria Luque **MARIA LUQUE PRESIDENT** **2/20/2007** **9042306707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)