

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

**FILED
Jun 09, 2008 8:00 am
Secretary of State**

04-18-2008 90152 017 ****50.00
06-09-2008 90227 040 ****88.75

DOCUMENT # L05000090355
1. Entity Name
LUQUE PROPERTIES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4152 LONICERA LOOP Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State
Zip 32259	Country USA

4. FEI Number 35-2261919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

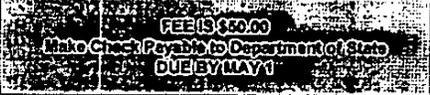
Name

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

City **FL** Zip Code

B. 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



9. MANAGING MEMBERS/MANAGERS			
TITLE PRESIDENT	NAME MARIA LUQUE	TITLE	
STREET ADDRESS 11111 - 70 SAN JOSE BLVD #248	CITY-ST-ZIP JACKSONVILLE FL 32223	STREET ADDRESS	
TITLE VICE PRESIDENT	NAME MIGUEL LUQUE	TITLE	
STREET ADDRESS 11111 - 70 SAN JOSE BLVD #248	CITY-ST-ZIP JACKSONVILLE FL 32223	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MARIA LUQUE PRESIDENT** **3/31/2008** **9042306707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR20835 (12/02)

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