

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

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

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

**DOCUMENT #** L05000090355  
**1. Entity Name**  
LUQUE PROPERTIES LLC

**DO NOT WRITE IN THIS SPACE**

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

**4. FEI Number**  
35-2261919  
☐ **Applied For**  
☐ **Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

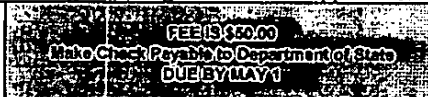
**7. Name and Address of Current Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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**



**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**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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 or 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 #