2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.05000102542



FILED Feb 12, 2007 8:00 am Secretary of State A THE SAME

1. Entity Name LUXOR PROPERTIES HOLDINGS, LLC								02-12-2001	•	032 ****5		
Principal Place of Business 6073 NW 167 STREET, UNIT C-19 6073 NW 167 STREET, UNIT C-19 HIALEAH, FL 33015 HIALEAH, FL 33015				T, UNIT C	-19							
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02072007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State				4. FEI Numb			├	oplied For	
Zip	Country		Zip	Country				of Status Desired		\$5.00 Add	ditional	
	6. Name	and Address of Current	Registered Agent			,	7. Name and	Address of New !	Registered	Agent		
FREIRIA.	IESUS				Name							
6073 NW 167 STREET, UNIT C-19 HIALEAH, FL 33015					Street Ac	ddress (F	ss (P.O. Box Number is Not Acceptable)					
					City				FL	Zip Cod	e	
	named entitions of regist		or the purpose of changing i	ts register	ed office or	registere	ed agent, or bo	oth, in the State of Fl		_	and accept	
SIGNATURE .	Signature tuned	t or printed name of registered agent	and title if applicable (AM	TE: Desirter	d Ament sidenatus	on enquired	when reinstating)	 	DATE	 		
Filing Fee is \$50.00 Due by May 1, 2007												
Fi D	iling Fee i ue by May	is \$50.00 y 1, 2007				· · · · · · · · · · · · · · · · · · ·			ke check ş a Departm	payable to nent of State	8	
D	iling Fee I ue by Ma	y 1, 2007						Florid	a Departm	ent of State	8	
9.	ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBE	<u>-</u>	10.					a Departm	ent of State		
9. TITLE	MGR	y 1, 2007 MANAGING MEMBE	ERS/MANAGERS	TITL	E		ziò i a	Florid	a Departm	ent of State	B ☐ Addition	
9. TITLE NAME	MGR FRETRIA	MANAGING MEMBE	☐ Delete	TITLI NAM	E	FRE	EIRIA,	Florid	a Departm	ent of State		
9. TITLE	MGR FRETRIA 6073 NW	MANAGING MEMBE JESUS 167 STREET, UNIT C-	☐ Delete	TITLI NAM STRE	E E ET ADDRESS -ST-ZIP	FRE	EIRIA,	Florid	a Departm	ent of State		
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11. I hereby certify that the information supplied with this filing 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE