


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # LQ5002111948</b> 1. Entity Name LUNACITA, LLC	
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Principal Place of Business 5302 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US	Mailing Address 4780 GAIDREW ALPHARETTA, GA 30022 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0760928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WARD, JACKIE M 5302 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WARD, JACKIE M 5302 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
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<p>U00000890549 04/22/08-80098-005 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
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<b>SIGNATURE:</b>  Jackie M. Ward, 4/8/2008 (770) 754-1486 ext. 231	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		