FILED May 14, 2007 8:00 am Secretary of State 04-23-2007 90367 026 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

		ANNVAL	. KEPOKI ·	•	<u>*</u>	_	04-23-20	JU / 9U 3 0	7 026 "	50.00	
DOCUMENT # L06000060671 1. Entity Name LUTZ HOLLYWOOD PROPERTIES, LLC										r 0 2	
Principal Place of Business			Mailing Address]		20	1007	უგა	
3874 TAMPA ROAD			3874 TAMPA ROAD			-		31	, 0 0 -		
OLDSMAR, FL 34677			OLDSMAR, FL 34677			}			8.3		
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		ness - No P.O. Box #	3. Mailing Address				[646 614] [146 663]	00 11 0 0 111 0 111 0	1 100 1010 111		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182007	Chg-LLC	CR2E083		-V1 Fax 1	
City & State			City & State Zip Country			4. FEI Numbe	519485		No	plied For Applicable	
Zip 	Country		2.0	Zip Country		5. Certificate	of Status Desired		5:00 Add Me Required		
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	gistered Ag	ent		
					Name					1	
3874 TAM	SHERMAN, JEFFREY M 3874 TAMPA ROAD OLDSMAR, FL 34677					Street Address (P.O. Box Number is Not Acceptable)					
OEDSWAN	LUSMAR, FL 346//				City						
					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 event.											
the obligations of registered agent.											
SIGNATURE Signature, typed or pretad name of registered agent and side if applicable (NOTE: Paguitared Agent signature required when reinstalling). DATE										 [
							:	-			
Filing Fee Is \$50.00 Due by May 1, 2007								check pay Departmen		,	
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM		☐ Detere	IIIL	1				Change	☐ Addition	
NAME	LUTZ HOLLYWOOD MANAGEMENT CORP.				€					j	
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City-St-ZIP	OLDSMA	R, FL 34677		CITY	r-ST-ZIP						
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NAME) 		U Deleas	NAA					") weeds		
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CITY-ST-ZIP	<u> </u>			cin	Y-ST-21P						
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.											
SIGNATURE: 418/67											
I SIGNAT	E HC P										