2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092469

Entity Name: LUNA-C FLIES, LLC

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3001 PONCE DE LEON BLVD. 2151 LE JEUNE ROAD

SUITE 203 SUITE 204

CORAL GABLES, FL 33114 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

4780 GAIDREW

ALPHARETTA, GA 30022 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARD, JACKIE
3001 PONCE DE LEON
WARD, JACKIE
2151 LE JEUNE ROAD

SUITE 203 SUITE 204

CORAL GABLES, FL 33114 US CORAL GABLES, FL 33134 US

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.

SIGNATURE: 03/13/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WARD, JACKIE
 Name:

 Address:
 4780 GAIDREW
 Address:

 City-St-Zip:
 ALPHARETTA, GA 30022 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DAVIS, LEE
 Name:

 Address:
 4780 GAIDREW
 Address:

 City-St-Zip:
 ALPHARETTA, GA 30022 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACKIE M. WARD MGR. 03/13/2007