

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100034

FILED
Apr 28, 2009
Secretary of State

Entity Name: LUXURY LIVING MEDIA GROUP, LLC

Current Principal Place of Business:

17100 COLLINS AVENUE
STE 110
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

17070 COLLINS AVENUE
SUITE 259
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17555 COLLINS AVE #2206
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

17070 COLLINS AVENUE
SUITE 259
SUNNY ISLES BEACH, FL 33160

FEI Number: 35-2303600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONES, VICTOR K ESQ
16105 NE 18TH AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KING, PAUL M
Address: 17555 COLLINS AVE #2206
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR (X) Delete
Name: KING, MICHAEL
Address: 17555 COLLINS AVE #2206
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KING, PAUL M
Address: 17070 COLLINS AVENUE SUITE 259
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL KING

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date