FILED
Jun 14, 2007 8:00 am
Secretary of State
04-23-2007 90363 009 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| 1. Entity Nam | 8 | # L06000106 | | | | | | | | |
|--|------------------------------|---|---|--------------|----------------------------|-------------------|----------------------|-----------------------------|--------------------------------------|---------------------------------------|
| Principal Place of Business 18851 NE 29TH AVENUE SUITE 901 AVENTURA, FL 33180 | | | Mailing Address 18851 NE 29TH AVENUE SUITE 901 AVENTURA, FL 33180 | | 300107 ⁹³ | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. | | - No. | Suite, Apt. #, etc. | | | 01102007 | | CR2 | E083 (12/06) | |
| City & State | | | City & State | | | 4. FEI Numi | <u>= 58459</u> | 575 | No | pplied For or Applicable |
| Zip | | Country | Zip | Coun | ntry | | te of Status Desire | | \$5.00 Add | |
| - - | 6. Name | and Address of Current | t Registered Agent | - | Name | 7. Name an | d Address of Ne | w Registere | d Agent | |
| ROUSSO, | | | | | | P O Box Num | ber is Not Accepta | hla) | | |
| 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33318-0 | | | | | diver nouses, | (F.O. BOX 116.1- | OOI IS THUL PHOUGH | | | · · · · · · · · · · · · · · · · · · · |
| AVENTUR | A, FL 333 | 318-0 | | | City | | | F | Zip Cog | Je |
| 8. The above | named entit | y submits this statement fr | or the purpose of changing it | ts register | ed office or registe | red agent, or b | oth, in the State of | | | and accept |
| Fi Di | ling Fee I | or priviled name of registered agent is \$50.00 y 1, 2007 | Land soe if approaches. | OTI: Magmara | nd Agent signatura require | B when remessings | | | c payable to timent of Stat | |
| 9. | | MANAGING MEMBI | | 10. | | | ADDITIO | NS/CHANG | | |
| HAME STREET ADDRESS CITY-ST-2IP | 18851 NE | ENTS AND LAND MAN 29TH AVENUE, STE RA, FL 33180 | O1 STREE | | - [| | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | · | | | | Change | ■ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | ! | | | | ☐ Change | Addition |
| indicated | on this repo bility compa | ort is true and accurate and | th this filing does not quality for the thing that have see ampowered to execute this | e the same | e legal effect as if r | hade under oat | th; that I am a ma. | I further cer naging mem | tify that the info ther or manage | er of the |
| JIGITAI | SIGNATURE | AND TYPED OR PRINTED HAME | OF BIORING MANAGING MEMBER, M | ANAGER, OF | AUTHORIZED REPRES | ENTATIVE | Date | | Daysme Phone # | |

ATTACHMENT

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

E TREASURY 300 | 0793 SERVICE # LOG 000106146

002029.296631.0007.001 1 MB 0.326 532

Date of this notice: 12-18-2006

Employer Identification Number: 20-5845575

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

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LUXURY DESIGNS OF FLORIDA LLC GABOR RADO SOLE MBR 18851 NE 29TH AVE STE 901 AVENTURA FL 33180

02029

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5845575. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service PO Box 192 Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.