

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 31, 2008 8:00 am
Secretary of State

02-20-2008 90023 014 ***138.75

DOCUMENT # L07000033310 1. Entity Name LA LUZ, LLC																																																																																			
Principal Place of Business 49 SILVER PLACE OCALA FL 34472			Mailing Address P.O. BOX 276 CANDLER FL 32111																																																																																
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																
City & State			City & State																																																																																
Zip		Country		4. FET Number																																																																															
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																																																																	
6. Name and Address of Current Registered Agent PATRON, CAROL 49 SILVER PLACE OCALA FL 34472				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code																																																																															
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 of Registered Agent FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee will be \$538.75 Make Check Payable to Florida Department of State DATE																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. EXISTING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>						9. EXISTING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 140, Florida Statutes. I further certify that the information submitted 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 relative to Section 140366 empowered to execute this report as required by Chapter 2008, Florida Statutes.																																																																																			
SIGNATURE: CAROL PATRON CAROL PATRON 1/27/08																																																																																			