



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90105 007 ***138.75

DOCUMENT # L07000055329						
1. Entity Name SOLILUNA PROPERTIES, L.L.C.						
Principal Place of Business 201 GALEN DRIVE, UNIT 302 KEY BISCAVNE, FL 33149			Mailing Address 201 GALEN DRIVE, UNIT 302 KEY BISCAVNE, FL 33149			
2. Principal Place of Business - No P.O. Box # 201 GALEN DR #302		3. Mailing Address 201 GALEN DR				
Suite, Apt. #, etc. # 302		Suite, Apt. #, etc. 302				
City & State KEY BISCAVNE		City & State KEY BISCAVNE, FL		4. FEI Number 01222008 Chg-LLC CR2E083 (12/06)		
Zip 33149		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LANZA, LISA ESQ. 200 CRANDON BLVD., SUITE 311 KEY BISCAVNE, FL 33149			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GUADALUPE ALVAREZ 201 GALEN DR #302 KEY BISCAVNE, FL 33149		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER STUART SAVANUCK 201 GALEN DR #302 KEY BISCAVNE, FL 33149	
		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
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 606, Florida Statutes.						
SIGNATURE  GUADALUPE ALVAREZ 4/9/08 403713160						
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						