

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056806

FILED
Apr 11, 2008
Secretary of State

Entity Name: LUXURIA INVESTMENTS, LLC

Current Principal Place of Business:

18851 NE 29TH AVENUE, STE. 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE, STE. 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-0700769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ.
ROTH, ROUSSO & KATSMAN, LLP
18851 NE 29TH AVENUE, STE. 900
AVENTURA, FL 33180 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: VILANOVA, MARIA E
Address: 18851 NE 29TH AVENUE, STE. 900
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: ASTORGA, MELISSA
Address: 18851 NE 29TH AVENUE, STE. 900
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: ASTORGA, NATALIE
Address: 18851 NE 29TH AVENUE, STE. 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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

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: MARIA E VILANOVA

MGR

04/11/2008

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