

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059951

FILED  
Jul 05, 2008  
Secretary of State

Entity Name: LUXURY PREMISES, LLC

**Current Principal Place of Business:**

8688 NW 27TH STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

8688 NW 27TH STREET  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-0305013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ECHEVARRIA, ANTOINETTE  
8688 NW 27TH STREET  
CORAL SPRINGS, FL 33065      US

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: PILI, MICHAEL  
Address: 216 AMBERLEAF WAY  
City-St-Zip: SIMPSONVILLE, SC 29681

Title: MGR      ( ) Delete  
Name: ZEBIC, GREGOR  
Address: 8688 NW 27TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR      ( ) Delete  
Name: ECHEVARRIA, ANTOINETTE  
Address: 8688 NW 27TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

**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: MICHAEL PILI

MGR

07/05/2008

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