

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110684

Entity Name: LOFE ENTERPRISES, L.L.C.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

3330 NE 190TH STREET, STE 1917
AVENTURA, FL 33180

New Principal Place of Business:

2565 NE 206 LANE
AVENTURA, FL 33180

Current Mailing Address:

3330 NE 190TH STREET, STE 1917
AVENTURA, FL 33180

New Mailing Address:

2565 NE 206 LANE
AVENTURA, FL 33180

FEI Number: 41-2265609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAZI, HELOISA A
3330 NE 190TH STREET, STE 1917
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ARAZI, HELOISA A
2565 NE 206 LANE
AVENTURA, FL 33180 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: HELOISA A. ARAZI

04/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARAZI, HELOISA A
Address: 3330 NE 190TH STREET, STE 1917
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: DAL'ORTO, FERNANDA
Address: 16900 NORTH BAY ROAD, STE 1411
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARAZI, HELOISA A
Address: 2565 NE 206 LANE
City-St-Zip: AVENTURA, FL 33180

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: HELOISA A. ARAZI

MGR

04/04/2008

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