2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73394

Address:

City-St-Zip:

301 YAMATO ROAD, STE 3101

BOCA RATON, FL 33431

Entity Name: LUXURY HOMES, INC.

FILED Apr 14, 2009 Secretary of State

Littly Nai	ile. LOXORTH	OIVIES, INC.			
Current Principal Place of Business:				New Principal Place of Business:	
	7000 PALMETTO PARK ROAD			7000 WEST PALMETTO PARK ROAD	
109 BOCA RATON, FL 33433 US				109 BOCA RATON, FL 33433	US
Current Mailing Address:				New Mailing Address:	
7000 PALMETTO PARK ROAD 109				7000 WEST PALMETTO PARK ROAD 109	
	TON, FL 33433	US		BOCA RATON, FL 33433	US
FEI Number:	65-0200242	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
ELLIOTT, ROBERT G 7000 PALMETTO PARK ROAD STE 109 BOCA RATON, FL 33433 US The above named entity submits this statement for the purpose of				ELLIOTT, ROBERT G 7000 WEST PALMETTO PARK ROAD STE 109 BOCA RATON, FL 33433 US of changing its registered office or registered agent, or both,	
	of Florida.				
SIGNATURE:				04/14/2009	
Election Can		: Signature of Registered Age Frust Fund Contribution ().	inτ		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () D STOLTZ II, MORF 301 YAMATO RD BOCA RATON, FI	, STE 3101		Title: () C Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	ELLIOTT, ROBER	TO PARK STE 109		Title: () C Name: Address: City-St-Zip:	Change () Addition
Title: Name:	VP () D STOLTZ, AARON	elete ARCHIE II		Title: () C	Change () Addition

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MORRIS L. STOLTZ II PRES 04/14/2009