2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# M01000002700

Entity Name: LUXURY FINANCE, LLC

Current Principal Place of Business:

DEPT. 924.13, 10400 FERNWOOD RD.
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

DEPT. 924.13, 10400 FERNWOOD RD.
BETHESDA, MD 20817

New Mailing Address:

PO BOX 699
LOUISVILLE, TN 37777

FEI Number: 52-2359817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE, FL 32301 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:	PMGR	( ) Delete
Name:	COOPER, SIMON F	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	VP	( ) Delete
Name:	PULSE, M. LESTER JR	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	T	( ) Delete
Name:	CONNELLY, JIM P	
Address:	10400 FERNWOD RD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	S	( ) Delete
Name:	CHENG, J. WEILI	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	AS	( ) Delete
Name:	BENZ, NANCY L	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	MGR	( ) Delete
Name:	KIMBALL, KEVIN M	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CULLEN, MICHAEL E	
Address:	1965 MARRIOTT DR	
City-St-Zip:	LOUISVILLE, TN 37777	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	FLOYD, LAURA	
Address:	1965 MARRIOTT DR	
City-St-Zip:	LOUISVILLE, TN 37777	
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: LAURA FLOYD AS 04/02/2009

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