2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 10, 2007 08:00 AM DOCUMENT # P02000063870 Secretary of State LUXÚRY FLORIDA REALTY, INC. Principal Place of Business Mailing Address 810 N ANDREWS AVE 810 N ANDREWS AVE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0721057 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASEY, P DO NOT WRITE 810 ANDREWS AVE **DELRAY BEACH, FL 33483-7220** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CASEY, PHYLLIS NAME STREET ADDRESS 810 ANDREWS AVE CITY-ST-7IP **DELRAY BEACH, FL 334837220** RRE NAME 000000580574 01/10/07-80053-008 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of trustee simpowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment withhan address, withhall other file empowered.

SIGNATURE:

CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-7IP