## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000052656

Entity Name: LUXURY COMFORT DOWNTOWN, INC.

FILED May 14, 2009 Secretary of State

	rincipal Place of Business:	New Principal Place of Business:	
11701 LAF 3106	KE VICTORIA GARDENS DR		
	ACH GARDENS, FL 33410 US		
Current Mailing Address:		New Mailing Address:	
	ONEHAVEN WAY LM BEACH, FL 33412 US		
FEI Number	: 20-2658399 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )	
Name and	l Address of Current Registered Ager	t: Name and Address of New Registered Agent:	
11870 ST	RTEN, JOHN W ONEHAVEN WAY LM BEACH, FL 33412 US		
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or b	oth,
SIGNATU	RE:		
	Electronic Signature of Registere	d Agent Date	_
	ice with s. 607.193(2)(b), F.S., the corporation		
	mpaign Financing Trust Fund Contribution() S AND DIRECTORS:		
UFFILER			TARE.
	O AND BINESTONS.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS:
Title: Name: Address: City-St-Zip:	D,P ( ) Delete WEINGARTEN, JOHN W 11870 STONEHAVEN WAY WEST PALM BEACH, FL 33412 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	TORS:
Name: Address:	D,P ( ) Delete WEINGARTEN, JOHN W 11870 STONEHAVEN WAY	Title: ( ) Change ( ) Addition Name: Address:	TORS:
Name: Address: City-St-Zip: Title: Name: Address:	D,P () Delete WEINGARTEN, JOHN W 11870 STONEHAVEN WAY WEST PALM BEACH, FL 33412 US  D,VP () Delete WEINGARTEN, BETH L 11870 STONEHAVEN WAY	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	TORS:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D,P ( ) Delete WEINGARTEN, JOHN W 11870 STONEHAVEN WAY WEST PALM BEACH, FL 33412 US  D,VP ( ) Delete WEINGARTEN, BETH L 11870 STONEHAVEN WAY WEST PALM BEACH, FL 33412 US  DTS ( ) Delete WEINGARTEN, MICHAEL D 11870 STONEHAVEN WAY	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	TORS:

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.

SIGNATURE: JOHN WEINGARTEN PRES 05/14/2009