

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002042

**Entity Name:** LUXURIA REALTY, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD., PH-2  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BLVD., PH-2  
AVENTURA, FL 33160

**FEI Number:** 20-8803654

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BOCA OCEAN DEVELOPMENT, LP  
Address 4000 ISLAND BLVD., PH-2  
City-State-Zip: AVENTURA FL 33160

Title EVP  
Name LIEB, JAMES  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title GC  
Name HIRSCH, MARK  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title VP  
Name DEGNAN, BRIAN  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title AVP  
Name TORPEY, CARITE  
Address 4000 ISLAND VLBD., PH2  
City-State-Zip: AVENTURA FL 33160

Title TREASURER  
Name LILLYCROP, WILLIAM J  
Address 4000 ISLAND BLVD., PH2  
City-State-Zip: AVENTURA FL 33160

Title CFO  
Name SHMUELI, OREN  
Address 4000 ISLAND BLVD.  
PH2  
City-State-Zip: AVENTURA FL 33160

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J LILLYCROP

TREASURER,A-SEC

04/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date