


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000500			
1. Entity Name MCGREGOR (7-11)/LUCAS, LLC			
Principal Place of Business 13850 STIRLING ROAD FT LAUDERDALE FL 33330		Mailing Address 13850 STIRLING ROAD FT LAUDERDALE FL 33330	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. ONE SE 3RD AVE., STE 2400 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, ROBERT	NAME	U00000433635
STREET ADDRESS	13850 STIRLING RD	STREET ADDRESS	02/24/06-80026-002 50.00
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	CITY-ST-ZIP	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, FRANCIS W	NAME	
STREET ADDRESS	13850 STIRLING RD	STREET ADDRESS	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Robert F Lucas* **ROBERT F LUCAS** 2-9-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE