## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: NOW LUCHETTI, TYES,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| DOCU<br>1. Entity Nar<br>LUCH-II,                         |  | 86   |   | Mar 23, 2005 08:00 AN<br>Secretary of State  |             |
|---|--|--|---|--|-------------|
| 6933 VICKI  | ce of Business<br>IE CIR., STE. 2 —<br>BOURNE FL 32904   | Mailing Address<br>6933 VICKIE CIR., STI<br>WEST MELBOURNE F   | E. 2<br>L 32904   |  |             |
| 2. Principal I  | Place of Business  | 3. Mailing Address   |   |  |             |
| Suite, Apt #, etc.  |  | Suite, Apt. #, etc.  | <del></del>   | 1st MOORE CR2E083 (10/04)  |             |
| City & State  |  | Cîty & State   |   | 4. FEi Number 20-0989449 Applied Foi Not Applied   |             |
| Zip   | Country  | Zip  | Country   | 5. Certificate of Status Desired \$5.00 Additional Fee Reguired  |             |
|   | 6. Name and Address of Current   | Registered Agent   |   | 7. Name and Address of New Registered Agent  |             |
|   |  |  | Name  | •  |             |
| LUCHETTI, DON<br>5680 WILLOUGHBY DR<br>MELBOURNE FL 32934 |  |  | Street Addres   | ss (P.O. Box Number is Not Acceptable)   |             |
| 14121   |  |  | City  | <b>E</b> ■ Zip Code  |             |
| 8. The above  | named entity submits this statement for  | or the purpose of changing its   | 1   | FL Zip Code stered agent, or both, in the State of Florida   1 am familiar with, and acce  | ept         |
| SIGNATURE   | • •  | and title if applicable (NOII  | E Registered Agent signature requi  | uxed when remstaling) DATE   |             |
| <del></del>   |  |  |   |  | -           |
|   |  |  | OW!!! FEE IS \$50.00  |  |             |
|   |  |  | le to Florida Departm<br>e By May 1, 2005   | nent of State  |             |
|   | TAND SING DOLD   |  |   |  |             |
| 9.  | MANAGING MEMBE   | Delete Delete  | 10.   | ADDITIONS/CHANGES  |             |
| NAME  | LUCHETTI, DON  | CT Datasa  | NAME  | ☐ Change ☐ Addi  | tion        |
| STREET ADDRESS  | 5680 WILLOUGHBY DR.  |  | STREET ADDRESS  | 000000274009<br>03/23/05-80049-018 55,00   |             |
| CITY - ST - ZIP   | MELBOURNE FL 32934   |  | CLTY - ST - ZIP   | 00,50,00 0,000 0,000   |             |
| TITLE   | MGR .  | ☐ Delete   | TITLE   | ☐ Change ☐ Addi  | lion        |
| NAME  | LUCHETTI, CHRIS  |  | NAME  |  |             |
| STREET ADDRESS<br>CITY-ST-ZIP                             | 756 PENGUIN AVE  |  | STREET ADDRESS<br>CHY-ST-ZIP  |  |             |
|   | PALM BAY FL 32907  | <u> </u>   | <del>-  </del>  |  | <del></del> |
| TITLE<br>NAME   |  | ☐ Delete   | TITLE   | ☐ Change ☐ Addi  | lion        |
| STREET ADDRESS  | }  |  | STREET ADDRESS  |  |             |
| CITY ST-7IP   |  |  | CHY-SI-ZIP  |  |             |
| TITLE   |  | ☐ Delete   | TITLE   | ☐ Change ☐ Addil   | tion        |
| NAME  |  | •  | NAME  |  |             |
| CITY-ST-ZIP   |  |  | STREET ADDRESS<br>CITY+ST-ZIP   |  |             |
| TITLE   |  | F7 p.us.   | <del>-  </del>  | Ch [2.4]   | <u> </u>    |
| NAME  |  | ☐ Delete   | TITCE .<br>NAME   | ☐ Change ☐ Addii   | 1011        |
| STREET ADDRESS  | · <del>-</del> .   | · <del>-</del>   | STREET ADDRESS  |  |             |
| CITY-ST-ZIP   |  | <u>.                                    </u>   | CITY-ST-ZIP   |  |             |
| TITLE   |  | ☐ Defete   | - Title   | ☐ Change ☐ Addit   | uon         |
| NAME  |  |  | NAME  |  |             |
| STREET ADDRESS<br>CITY - ST - ZIP                         | ^  |  | STREET ADDRESS  |  |             |
|   | and the state of t | Alice Alline alice and a second  | CITY-ST-ZIF   | 0. 4. 140 00000 77 11  |             |
| indicated<br>limited lia                                  | on this report is true and accurate and bility company or the receiver or frusteen   | that my signature shall have to the impowered to execute this to the impower in the importance in t | the exemption stated in S<br>the same legal effect as if<br>report as required by Cha | Section 119.07(3)(i), Florida Statutes. I further certify that the information<br>if made under oath; that I am a managing member or manager of the<br>apter 608, Florida Statutes | )           |

**FILED**