

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


07-14-2005 90018 004 \*\*\*\*50.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 14 AM 10:34

**DOCUMENT # L04000057978**

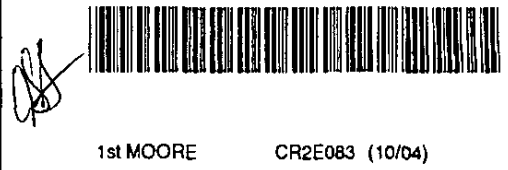
1. Entity Name  
**502-504 LUCERNE AVENUE LLC**



Principal Place of Business <b>504 LUCERNE AVENUE LAKE WORTH FL 33460</b>	Mailing Address <b>504 LUCERNE AVENUE LAKE WORTH FL 33460</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country	Zip	Country
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1st MOORE CR2E083 (10/04)

4. FEI Number <b>05-0607103</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DEVANEY, JAMES 504 LUCERNE AVENUE LAKE WORTH FL 33460</b>		7. Name and Address of New Registered Agent	
		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 reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVANEY, JAMES 504 LUCERNE AVENUE LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2005**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Devaney **JAMES DEVANEY** Date: 5-1-05 Daytime Phone #: 561-547 7686