2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 06, 2006 8:00 am
Secretary of State

06-14-2006 90257 006 ****50.00

DOCUMENT # L05000086575

1. Entity Name
LUCAR ENTERPRISES, LLC

Principal Place of Business	Mailing Address
11232 TAMIAMI TRAIL NAPLES, FL 34110 US	9239 ESTERO RIVER CIRCLE ESTERO, FL 33928-4418 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3396405 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCY, EDWARD D JR 9239 ESTERO RIVER CIRCLE ESTERO, FL 33928-4418	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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUCY, EDWARD D JR	NAME	
STREET ADDRESS	9239 ESTERO RIVER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ESTERO, FL 339284418	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUCY, ERNESTINE S	NAME	
STREET ADDRESS	9239 ESTERO RIVER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ESTERO, FL 339284418	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 Chapter 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: _____ 6/12/06 239-948-8166 941-740-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #