


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90308 024 \*\*\*\*50.00

<b>DOCUMENT # L06000026201</b> 1. Entity Name <b>LUCAS CLEANING LLC</b>																																			
Principal Place of Business <b>5327 TREETOPS DR NAPLES, FL 34113 US</b>		Mailing Address <b>PO BOX 1145 MARCO ISLAND, FL 34146 FL</b>																																	
2. Principal Place of Business - No P.O. Box # <b>4934 CORTEZ CIR</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>NAPLES, FL</b> Zip <b>34112</b> Country <b>USA</b>																																	
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4. FEI Number <b>05012007</b>		Chg-LLC <b>CR2E083 (12/06)</b>																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent <b>POLANSKI, LUKASZ M 5327 TREETOPS DR NAPLES, FL 34113</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____																																			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP  <b>MGR M LUKASZ POLANSKI 4934 CORTEZ CIR NAPLES, FL 34112</b> </td> <td style="width:60%;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGR M LUKASZ POLANSKI 4934 CORTEZ CIR NAPLES, FL 34112</b>	<input type="checkbox"/> Delete															10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width:60%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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. <b>SIGNATURE: <u>Antan Polanski</u> 04-30-07 239 784 7183</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																			