

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000001789

1. Entity Name
LUCERNE TERRACE PROPERTIES, LLC



Principal Place of Business
1012 LUCERNE TERRACE
ORLANDO, FL 32801

Mailing Address
110 CHERRY CREEK CIRCLE
WINTER SPRINGS, FL 32708



02172006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3014390

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LICITRA, CARMELO M.D.
110 CHERRY CREEK CIRCLE
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
LICITRA, DOREEN M
110 CHERRY CREEK CIRCLE
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
LICITRA, CARMELO M
110 CHERRY CREEK CIRCLE
WINTER SPRINGS, FL 32708

TITLE
NAME
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CITY-STATE-ZIP

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000000439496
03/02/06 80003-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Doreen M Licitra

2/17/2006

407-971-4429

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

DATE

Daytime Phone

Doreen M Licitra