

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002969

FILED
Mar 22, 2004
Secretary of State

Entity Name: LUKAT CAPITAL MANAGEMENT FUND, L.L.C.

Current Principal Place of Business:

11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-1077554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANS LUKAT, THOMAS
11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945

Name and Address of New Registered Agent:

LUKAT, THOMAS H MGR
11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945

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.

SIGNATURE: THOMAS LUKAT

03/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HANS LUKAT, THOMAS
Address: 11700 TWIN CREEKS DRIVE
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUKAT, THOMAS H MGR
Address: 11700 TWIN CREEKS DRIVE
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS LUKAT

MGR

03/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date