


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014044
 1. Entity Name
 LUENCA, LLC



Principal Place of Business
 3508 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

Mailing Address
 3508 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-1131686

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CASANOVA, LUIS A
 3508 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

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.

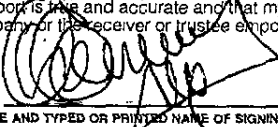
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASANOVA, LUIS A 119 SINCLAIR STREET, SW PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000231977 02/16/05-80052-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASANOVA, ENA C 119 SINCLAIR STREET, SW PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	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 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:  **LUIS A. CASANOVA** 2-13-05 94/ 883-3313

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