2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# L02000008904

Entity Name: LUCENKO CONSULTING ASSOCIATES, LLC

Current Principal Place of Business:

26140 HICKORY BLVD, #601
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

PO BOX 2625
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 22-3311587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCENKO, LARISSA
26140 HICKORY BLVD, #601
BONITA SPRINGS, FL 34134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LUCENKO, LEONARD K
Address: PO BOX 2625
City-St-Zip: BONITA SPRINGS, FL 34133

Title: MGRM ( ) Delete
Name: LUCENKI, JR., LEONARDO K
Address: 3012 POWER RIDGE ST. SE
City-St-Zip: OLYMPIA, WA 98501

Title: MGRM ( ) Delete
Name: LUCENKO, KRISTINA
Address: 412 W 12TH ST.
City-St-Zip: HATTIESBURG, MS 39401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: LUCENKO, JR., LEONARD K
Address: 3012 POWDER RIDGE ST. SE
City-St-Zip: OLYMPIA, WA 98501

Title: MGRM (X) Change ( ) Addition
Name: LUCENKO, KRISTINA
Address: 381 LONGMEADOW RD
City-St-Zip: BUFFALO, NY 14226

Title: MGRM ( ) Change (X) Addition
Name: LUCENKO, LARISSA PRES
Address: PO BOX 2625
City-St-Zip: BONITA SPRINGS, FL 34133

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: LARISSA LUCENKO PRES 01/05/2004

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