2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LUCENKO, LEONARD K	
Address:	PO BOX 2625	
City-St-Zip:	BONITA SPRINGS, FL 34133	
Title:	MGRM	( ) Delete
Name:	LUCENKO, JR., LEONARD K	
Address:	3012 POWDER RIDGE ST. SE	
City-St-Zip:	OLYMPIA, WA 98501	
Title:	MGRM	( ) Delete
Name:	LUCENKO, KRISTINA	
Address:	85 CHASSIN AVENUE	
City-St-Zip:	AMHERST, NY 14226	
Title:	MGRM	( ) Delete
Name:	LUCENKO, LARISSA PRES	
Address:	PO BOX 2625	
City-St-Zip:	BONITA SPRINGS, FL 34133	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEONARD K. LUCENKO MGRM 07/06/2006

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