

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008904

FILED  
Apr 15, 2007  
Secretary of State

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 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: MGRM (X) Change ( ) Addition  
Name: LUCENKO, KRISTINA  
Address: 15 BAYLESS AVE  
City-St-Zip: STONY BROOK, NY 11790

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

04/15/2007

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