


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008986 1. Entity Name LUCERNE TERRACE, LLC	
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Principal Place of Business 918 LUCERNE TERR. ORLANDO, FL 32806 US	Mailing Address 918 LUCERNE TERR. ORLANDO, FL 32806 US
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DO NOT WRITE IN THIS SPACE



04152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3655917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKEE, MICHAEL T 1720 LAKE SHORE DR ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE


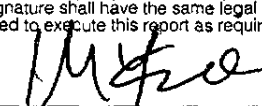
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKEE, MICHAEL T 1720 LAKE SHORE DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, JANET 1720 LAKE SHORE DRIVE ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000314395 04/18/05-80164-014 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 4/15/05	Daytime Phone # 407-896-9688
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			