2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000008986

1. Entity Name LUCERNE TERRACE, LLC

FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business 918 LUCERNE TERR.

ORLANDO, FL 32806

Mailing Address

918 LUCERNE TERR. ORLANDO, FL 32806

 FEI Number 04-3655917 CR2E083 (11/05)

04142006 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

5. Name and Address of Current Registered Agent

MCKEE, MICHAEL T 1720 LAKE SHORE DR ORLANDO, FL 32803

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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.	

US

SIGNATURE.

Signature, typed or printed name of registered agent and little if applicable.

(NOTE. Registered Agent signature required when reinstaling)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

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-SI-ZIP	MGRM SUTTON, JANET 1720 LAKE SHORE DRIVE ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dale

Daylime Phone #