

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013059

Entity Name: LUCOR HOLDINGS, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

40301 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Principal Place of Business:

7463 FISHER ISLAND DRIVE
C/O MARK J. GAINOR
FISHER ISLAND, FL 33109

Current Mailing Address:

40301 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Mailing Address:

7463 FISHER ISLAND DRIVE
C/O MARK J. GAINOR
FISHER ISLAND, FL 33109

FEI Number: 58-2444843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY R. MCCURDY
5111 OCEAN BLVD
SUITE F
SARASOTA, FL 34242 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: GAINOR, MARK
Address: 40301 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGR () Delete
Name: MCCURDY, JEFFREY R
Address: 5111 OCEAN BLVD. STE F
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAINOR, MARK
Address: 7463 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

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: MARK J. GAINOR

MGRM

04/26/2006

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