


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90153 016 \*\*\*\*50.00

<b>DOCUMENT # L02000027080</b> 1. Entity Name LUCERNE INDUSTRIAL VENTURE OF POLK COUNTY, L.L.C.					
Principal Place of Business 5529 U.S. HIGHWAY 98 N. LAKE LAND, FL 33809			Mailing Address 5529 U.S. HIGHWAY 98 N. LAKE LAND, FL 33809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAUNDERS, JOE L 5100 U.S. HIGHWAY 98 N., SUITE 15 LAKE LAND, FL 33809				Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           5529 US Highway 98 N            City Lakeland FL Zip Code 33809         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, JOE L 5529 US Hwy 98 N			NAME	
STREET ADDRESS	5100 U.S. HIGHWAY 98 N., SUITE 15			STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33809			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIEHNHETH F. LILHELM			NAME	
STREET ADDRESS	5529 US HWY 98 N			STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33809			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEHNHETH F. LILHELM			NAME	
STREET ADDRESS	5529 US HWY 98 N			STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33809			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE SAUNDERS			NAME	
STREET ADDRESS	5529 US HWY 98 N			STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND, FL 33809			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> Joe L Saunders				8/18/04 863-858-4399	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					