

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000027080

1. Entity Name
LUCERNE INDUSTRIAL VENTURE OF POLK COUNTY,
L.L.C.



Principal Place of Business
5529 U.S. HIGHWAY 98 N.
LAKELAND, FL 33809

Mailing Address
5529 U.S. HIGHWAY 98 N.
LAKELAND, FL 33809



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0071035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, JOE L
5529 US HWY 98 N
LAKELAND, FL 33809

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

110100478381
04/08/06-81003-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAUNDERS, JOE L
5529 US HWY 98 N
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILHELM, KENNETH F
5529 US HWY 98 N
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAUNDERS, LEE
5529 US HWY 98 N
LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Seamus Wilhelm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *3-17-06*

Daytime Phone #