2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030652

1. Entity Name
LUCERNE EQUITIES LLC

Principal Place of Business	Mailing Address
P.O. BOX 1378 LAKE WORTH, FL 33460	P.O. BOX 1378 LAKE WORTH, FL 33460

02172005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1562024
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FABLE-WRIGHT, NICOLE
1401 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460

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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.

SIGNATURE: Fable-Wright, Nicole — March 4, 2005
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FABLE-WRIGHT, NICOLE
STREET ADDRESS	1401 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	MGRM
NAME	WRIGHT, WILLIAM C
STREET ADDRESS	1401 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	MGR
NAME	FABLE, JOHN L
STREET ADDRESS	128 YALE DR
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	MGR
NAME	FABLE, BARBARA K
STREET ADDRESS	128 YALE DR
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80023-007 50.00

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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.

SIGNATURE: John L. Fable, Mgr. — March 4, 2005 — 561-371-6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #