2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L02000030652

Entity Name: LUCERNE EQUITIES LLC

Current Principal Place of Business:

P.O. BOX 1378
LAKE WORTH, FL 33460

New Principal Place of Business:

1401 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460

Current Mailing Address:

P.O. BOX 1378
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 42-1562024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FABLE-WRIGHT, NICOLE
1401 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 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:	FABLE-WRIGHT, NICOLE	
Address:	1401 NORTH FEDERAL HIGHWAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	MGRM	( ) Delete
Name:	WRIGHT, WILLIAM C	
Address:	1401 NORTH FEDERAL HIGHWAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	MGR	( ) Delete
Name:	FABLE, JOHN L	
Address:	1401 N FEDERAL HWY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	MGR	( ) Delete
Name:	FABLE, BARBARA K	
Address:	1401 N FEDERAL HWY	
City-St-Zip:	LAKE WORTH, FL 33460	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN L. FABLE MGR 02/06/2009

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