

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000500

FILED
Jan 30, 2007
Secretary of State

Entity Name: MCGREGOR (7-11)/LUCAS, LLC

Current Principal Place of Business:

13850 STIRLING ROAD
FT LAUDERDALE, FL 33330

New Principal Place of Business:

13850 STIRLING ROAD
SOUTHWEST RANCHES, FL 33330

Current Mailing Address:

13850 STIRLING ROAD
FT LAUDERDALE, FL 33330

New Mailing Address:

13850 STIRLING ROAD
SOUTHWEST RANCHES, FL 33330

FEI Number: 22-3891439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, NICHOLAS M ESQ
THERREL BAISDEN, P.A.
ONE SE 3RD AVE., STE 2400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DANIELS, NICHOLAS M ESQ
THERREL BAISDEN, P.A.
ONE SE 3RD AVE., STE 2950
MIAMI, FL 33131 US

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:

01/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: LUCAS, ROBERT
Address: 13850 STIRLING RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VPD () Delete
Name: LUCAS, FRANCIS W
Address: 13850 STIRLING RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

ADDITIONS/CHANGES:

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 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: ROBERT LUCAS

PD

01/30/2007

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