



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003463																																		
<small>1. Entity Name</small> SYMPHONY BUILDERS AT LUCERNE LAKES, LLC																																		
<small>Principal Place of Business</small> 1700 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	<small>Mailing Address</small> 1700 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	 03222005 No Chg-LLC CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 81-0593645</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 81-0593645	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required																													
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<small>6. Name and Address of Current Registered Agent</small> ROTHENBERG, LARRY A 815 CORAL RIDGE DR. CORAL SPRINGS, FL 33071		DO NOT WRITE IN THIS SPACE																																
<small>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.</small>																																		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> _____ <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																		
Filing Fee is \$50.00 Due by May 1, 2005																																		
<small>9. MANAGING MEMBERS/MANAGERS</small> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td>MGR</td></tr><tr><td><small>NAME</small></td><td>SYMPHONY BUILDERS AT LUCERNE LAKES, INC.</td></tr><tr><td><small>STREET ADDRESS</small></td><td>1700 NORTH UNIVERSITY DRIVE</td></tr><tr><td><small>CITY - ST - ZIP</small></td><td>CORAL SPRINGS, FL 33071</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr></table>		<small>TITLE</small>	MGR	<small>NAME</small>	SYMPHONY BUILDERS AT LUCERNE LAKES, INC.	<small>STREET ADDRESS</small>	1700 NORTH UNIVERSITY DRIVE	<small>CITY - ST - ZIP</small>	CORAL SPRINGS, FL 33071	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<div style="text-align: right; margin-bottom: 20px;">000000336118 04/27/05-80115-008 55.00</div> DO NOT WRITE IN THIS SPACE
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<small>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.</small>																																		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4/18/05 954-341-1499 <small>Date Daytime Phone #</small>																																