

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029145

FILED
Jan 13, 2005
Secretary of State

Entity Name: LUCAS PLACE II, LLC

Current Principal Place of Business:

797 STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

797 STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 13-4266215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMETREE, ROBERT A
797 STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 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/MEMBERS:

Title: MGRM () Delete
Name: DEMETREE, DAVID A II
Address: 797 STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: DEMETREE, ROBERT A
Address: 797 STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: DEMETREE, MATTHEW C
Address: 797 STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW C. DEMETREE

DR.

01/13/2005

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