

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000043140

1. Entity Name  
LUKE HOLDINGS, L.L.C.



Principal Place of Business  
1305 MARLIN DR.  
NAPLES, FL 34102

Mailing Address  
1305 MARLIN DR.  
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**



01292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SKRIVAN, KENT A ESQ  
BUTZEL LONG  
801 LAUREL OAK DR, STE 705  
NAPLES, FL 34108

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE  
March 3, 2006

**Filing Fee is \$50.00  
Due by May 1, 2006**

03/17/06-80007-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGR  
NAME: LUKE, STEVEN W  
STREET ADDRESS: 1305 MARLIN DR.  
CITY-ST-ZIP: NAPLES, FL 34102

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*

1/29/6

239-793-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #