

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000052978

1. Entity Name
LUCIANO GUERRA, LLC

Principal Place of Business
**9167 STILLBRIDGE LANE
PENSACOLA FL 32514**

Mailing Address
**9167 STILLBRIDGE LANE
PENSACOLA FL 32514**

2. Principal Place of Business
9167 STILLBRIDGE LN.

3. Mailing Address
9167 STILLBRIDGE LN.

Suite, Apt. #, etc.



FILED
2004 DEC -1 PM 2:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

City & State
PENSACOLA FLO.

City & State
PENSACOLA FLO.

4. FEI Number
731688465

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Zip
32514

Country
USA

Zip
32514

Country
USA

6. Name and Address of Current Registered Agent

**GUERRA, BETH A
9167 STILLBRIDGE LANE
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Beth Ann Guerra* DATE **10-10-04**

Signature, typed or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100042292241
STREET ADDRESS		STREET ADDRESS	10/28/04--01067--006 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lead Manager	NAME	100042292241
STREET ADDRESS	NATHAN HUNT	STREET ADDRESS	12/01/04--01040--001 **150.00
CITY-ST-ZIP	9167 STILLBRIDGE LN PENSACOLA, FLO. 32514	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EQUIP SPECIALIST	NAME	
STREET ADDRESS	CURTIS CARDELL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGINEERING DIRECT.	NAME	
STREET ADDRESS	JASON MARSA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINTENANCE	NAME	
STREET ADDRESS	DANIEL ARBAJE	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT '04

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.

SIGNATURE: *Luciano Guerra* DATE **10/4/04** 850 484-9198

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