

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90030 005 \*\*\*\*55.00

<b>DOCUMENT # L04000001623</b>			
<b>1. Entity Name</b> LUCAS MCDONALD LLC			
<b>Principal Place of Business</b> 430 NE 33RD ST BOCA RATON, FL 33431 US		<b>Mailing Address</b> 430 NE 33RD ST BOCA RATON, FL 33431 US	
<b>2. Principal Place of Business</b> 4619 JOHNSON ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4619 JOHNSON ST Suite, Apt. #, etc.	
<b>City &amp; State</b> HOLT, FL		<b>City &amp; State</b> HOLT, FL	
<b>Zip</b> 32564		<b>Zip</b> 32564	
<b>Country</b> USA		<b>Country</b> USA	
<b>4. FBI Number</b> 83-0381972		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCDONALD, LUCAS M 430 NE 33RD ST BOCA RATON, FL 33431		<b>7. Name and Address of New Registered Agent</b> Name: MCDONALD, LUCAS M. Street Address (P.O. Box Number is Not Acceptable): 4619 JOHNSON ST City: HOLT FL Zip Code: 32564	
<b>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.</b> SIGNATURE:  DATE: 4/12/05			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE: OWNER NAME: LUCAS MCDONALD STREET ADDRESS: 4619 JOHNSON ST CITY-ST-ZIP: HOLT, FL 32564	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		Date: 5/12/05 850-377-4596	

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