2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019834

1. Entity Name
LUCID INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1502 WEST FLETCHER AVENUE SUITE 101 TAMPA, FL 33612	1502 WEST FLETCHER AVENUE SUITE 101 TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0868919	Not Applicable

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

6. Name and Address of Current Registered Agent

FARR, JAMES G
1502 WEST FLETCHER AVENUE
SUITE 101
TAMPA, FL 33612

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7. 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, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HOUSEFIELD, DAVID B
STREET ADDRESS	1502 WEST FLETCHER AVENUE, SUITE 101
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/30/07-80005-018 50.00

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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: _____ Manager   1/25/07   813 760 5548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #