

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Nov 14, 2006  
Secretary of State**

DOCUMENT# L04000043902

Entity Name: 915 LUCERNE TERRACE, LLC

**Current Principal Place of Business:**

4623 SOUTH GOLDENROD ROAD  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

818 FORESTWOOD DRIVE  
CLERMONT, FL 34715 US

**New Mailing Address:**

PO BOX 2190  
MINNEOLA, FL 34755 US

FEI Number: 73-1707217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DECUBELLIS, MEEKS & UNCAPHER, P.A.  
837 NORTH GARLAND AVENUE  
ORLANDO, FL 32801 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YANKUS, NORMAN V  
Address: 818 FORESTWOOD DRIVE  
City-St-Zip: CLERMONT, FL 34715 US

Title: MGRM ( ) Delete  
Name: YANKUS, LYNNE M  
Address: 818 FORESTWOOD DRIVE  
City-St-Zip: CLERMONT, FL 34715 US

Title: MGRM ( ) Delete  
Name: MCMURRAY, DAVID L  
Address: 4623 SOUTH GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32822 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YANKUS, NORMAN V  
Address: PO BOX 2190  
City-St-Zip: MINNEOLA, FL 34755 US

Title: MGRM (X) Change ( ) Addition  
Name: YANKUS, LYNNE M  
Address: PO BOX 2190  
City-St-Zip: MINNEOLA, FL 34755 US

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 Chapter 119, 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: LYNNE M YANKUS

MGRM

11/14/2006

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