2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# L04000043902

Entity Name: 915 LUCERNE TERRACE, LLC

Current Principal Place of Business:

1731 SOUTHERN OAK LOOP
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2190
MINNEOLA, FL 34755 US

New Mailing Address:

FEI Number: 73-1707217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607 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:	PO BOX 2190	
City-St-Zip:	MINNEOLA, FL 34755 US	
Title:	MGRM	( ) Delete
Name:	YANKUS, LYNNE M	
Address:	PO BOX 2190	
City-St-Zip:	MINNEOLA, FL 34755 US	
Title:	MGRM	( ) Delete
Name:	MCMURRAY, DAVID L	
Address:	4623 SOUTH GOLDENROD ROAD	
City-St-Zip:	ORLANDO, FL 32822 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 01/18/2009

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