


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000057978</b> 1. Entity Name 502-504 LUCERNE AVENUE LLC	
--	---

Principal Place of Business 504 LUCERNE AVENUE LAKE WORTH, FL 33460	Mailing Address 504 LUCERNE AVENUE LAKE WORTH, FL 33460
---	---

**DO NOT WRITE IN THIS SPACE**



02062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0607103	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  DEVANEY, JAMES 504 LUCERNE AVENUE LAKE WORTH, FL 33460
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

U000000561489  
05/19/06-80016-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVANEY, JAMES 504 LUCERNE AVENUE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4-29-06</b> <small>Date</small>	<small>Daytime Phone #</small>
---	---------------------------------------	--------------------------------