


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90063 044 ****50.00

DOCUMENT # L04000084472					
1. Entity Name LUCAYA DC, LLC					
Principal Place of Business 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487			Mailing Address % KRONICK PO BOX 812074 BOCA RATON, FL 33481		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1919508	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINER & ARONSON, P.A. C/O JASON S. MANKOFF 102 NORTH SWINTON AVE. DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name <u>GENE KRONICK</u> Street Address (P.O. Box Number is Not Acceptable) <u>3700 SOUTH OCEAN BLVD. - #210B</u> City <u>HIGHLAND BEACH</u> <u>FL</u> <u>33487</u>		
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 <u>[Signature]</u> DATE <u>1/10/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONICK, GENE 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> Delete			
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: <u>[Signature]</u>		Date <u>1/12/06</u> Daytime Phone # <u>561-376-4485</u>			