

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90030 016 *****50.00

DOCUMENT # L05000025487

1. Entity Name
LUCAS CULINARY ASSOCIATES LLC



Principal Place of Business
**10110 STONEHENGE CIRCLE
UNIT 510
BOYNTON BEACH, FL 33437**

Mailing Address
**10110 STONEHENGE CIRCLE
UNIT 510
BOYNTON BEACH, FL 33437**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR 20-2546343

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLERANO, JAMES A JR
1201 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483**

Name **K. George Lucas**

Street Address (P.O. Box Number is Not Acceptable) **10110 Stonehenge Circle #510**

City **Boynton Beach**

FL

Zip Code **33437**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Apr 18 07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **LUCAS, K. GEORGE**
STREET ADDRESS **10110 STONEHENGE CIRCLE #510**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]
Konstantinos George Lucas

Apr 18 2007

561 499 1900