

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000035939		
1. Entity Name LUCIE VENTURES, LLC		
Principal Place of Business 1590 SE BALLANTRAE CT. PORT ST. LUCIE, FL 34952	Mailing Address 1590 SE BALLANTRAE CT. PORT ST. LUCIE, FL 34952	 01082007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 42-2173367 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCALIA, WILLIAM C 1590 SE BALLANTRAE CT. PORT ST. LUCIE, FL 34952		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		 1100000600604 01/26/07-80016-018 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALIA, WILLIAM C 1590 SE BALLANTRAE CT. PORT ST. LUCIE, FL 34952	
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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:  1/21/07 772-337-2263 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		