


FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90051 020 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000057032			
1. Entity Name LUZERNE, L.L.C.			
Principal Place of Business 6969 SUNRISE DRIVE CORAL GABLES, FL 33133		Mailing Address 6969 SUNRISE DRIVE CORAL GABLES, FL 33133	
2. Principal Place of Business 2517 NE 26TH AVE Suite, Apt. #, etc.		3. Mailing Address 2517 NE 26TH AVE Suite, Apt. #, etc.	
City & State LIGHTHOUSE POINT, FL		City & State LIGHTHOUSE POINT, FL	
Zip 33064-8315		Zip 33064-8315	
Country USA		Country USA	
4. FEI Number 20-3224664		Applied For No Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRA R. SHAPIRO, P.A. 18375 NE 18TH AVENUE, #225 NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and his / her / its / applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by September 15, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STESNEY, BERNARD L 8969 SUNRISE DRIVE CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Bernard L. Stesney</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>9/14/06</u> (954) 785-6259 Date	

40104163



09112006 Chg-LLC CR2E083 (11/05)