

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90173 002 \*\*\*138.75

**60025320**



04022008 Chg-LLC CR2E083 (12/06)

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L05000063861</b><br>1. Entity Name<br><b>GP LUCIEN, LLC</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>2200 LUCIEN WAY, SUITE 350<br/>MAITLAND, FL 32751</b>  |  |  | Mailing Address<br><b>2200 LUCIEN WAY, SUITE 350<br/>MAITLAND, FL 32751</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |  |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country                         |   | 4. FEI Number<br><b>56-2529447</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>TATICH, PHILIP<br/>341 NORTH MAITLAND AVE., SUITE 340<br/>MAITLAND, FL 32751</b>  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>LIVINGSTON, GEORGE D</b><br><b>2200 LUCIEN WAY STE 350</b><br><b>MAITLAND, FL 32751</b> | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <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:<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                         |  |  |
|  |  |  | Date: <b>69a 08</b><br>Daytime Phone #  |  |  |