2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000088731



FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90027 013 ****50.00

LUCAS P	ROPERTIES, LLC						
Principal Plac 29416 SADD MYAKKA CITY	LEBAG TRAIL	Mailing Address 29416 SADDLEBAG T MYAKKA CITY, FL 34		141211311		18111 15883 11186 11 1	EA: 10:
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6 Chg-LLC CR2E	(11/05)	
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certifica	5. Certificate of Status Desired \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name a	nd Address of New Registered	Agent	
	OBERT S DDLEBAG TRAIL CITY, FL 34251		Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			City		F	Zip Code	э ј
	named entity submits this stations of registered agent.	sternent for the purpose of changing i	ts registered office or	registered agent, or			and accept
SIGNATURE	Signature, typed or printed name of regin	stered agent and title if applicable. (NO	TE: Registered Agent signato	re required when reinstating)	DATE		
Fi	ling Fee is \$50.00				Make check		
Due by May 1, 2006					Florida Depart	ment of Stati	9
9.	MANAGINO	L	10.		ADDITIONS/CHANGE	S	
TITLE	MGR	☐ Detete	TITLE			☐ Change	
NAME	LUCAS, ROBERT S		NAME				☐ Addition
STREET ADDRESS			NAME				☐ Addition
CITY-ST-ZIP	29416 SADDLEBAG TR		STREET ADDRESS				☐ Addition
	MYAKKA CITY, FL 3425	51					
TITLE	MYAKKA CITY, FL 3425 MGRM		STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
NAME	MYAKKA CITY, FL 3425 MGRM LUCAS, ROBERT S	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	
	MYAKKA CITY, FL 3425 MGRM LUCAS, ROBERT S 29416 SADDLEBAG TR	51 □ Delete	STREET ADDRESS CITY-ST-ZIP			☐ Change	
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a nereby 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.