

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000082970

Entity Name: LUCMAUR LLC

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

583 EAST STATE ROAD 434  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

583 EAST STATE ROAD 434  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELOACH LAW LLC  
37 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURNETT, ENID DR.  
Address: 583 EAST STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ENID F BURNETT MD

DR

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date