

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127822

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** LUCAS INVESTMENTS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

5135 STATE ROAD 13 N.  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

5135 STATE ROAD 13 N.  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-4413606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALAN B. ALMAND PA  
3721 DUPONT STATION CT S  
JACKSONVILLE, FL 32217 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:** MGMR  
**Name:** LUCAS, JAMES  
**Address:** 5135 STATE ROAD 13 N.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** MRS  
**Name:** LUCAS, DOROTHEA  
**Address:** 5135 STATE ROAD 13 N.  
**City-St-Zip:** ST.AUGUSTINE, FL 32092

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:** DOROTHEA LUCAS

MRS

01/17/2012

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