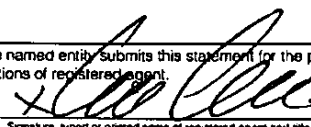
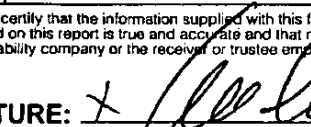


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90051 033 ****50.00

DOCUMENT # L05000081249					
1. Entity Name LCJ DEVELOPMENT, LLC					
Principal Place of Business 5950 LAKEHURST DR. STE 219 ORLANDO, FL 32819 US			Mailing Address 5950 Lakehurst Dr. Ste 219 Orlando FL 32819		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				03272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CERVINO, LINO 5950 LAKEHURST DR. STE 219 ORLANDO, FL 32819			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 4/19/06		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME	UNITED COMPUTER WAREHOUSE, LLC.		NAME	CIAL USA, Corp.	
STREET ADDRESS	225 LIVE OAK BLVD		STREET ADDRESS	7061 Grand National Dr. # 105 F	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Orlando FL 32819	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOCUS BUILDERS, INC.		NAME		
STREET ADDRESS	5950 LAKEHURST DR. STE 219		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COMPUTER PLACE REPAIRS, INC.		NAME		
STREET ADDRESS	214 N. GOLDENROD ROAD 1		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			DATE 4/19/06 407 854 6190		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30010035

