

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023516

FILED  
Aug 01, 2005  
Secretary of State

Entity Name: LICO GROUP,LLC

## Current Principal Place of Business:

1551 PINEHURST DR.  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

1551 PINEHURST DRIVE  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

1551 PINEHURST DR.  
CASSELBERRY, FL 32707 US

## New Mailing Address:

FEI Number: 03-0481530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PECKHOLDT, ADELE  
1551 PINEHURST DR.  
CASSELBERRY, FL 32707 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: MGR ( ) Delete  
Name: LICATA, ROBERT  
Address: 1551 PINEHURST DR.  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM (X) Delete  
Name: LICATA, SYLVIA  
Address: 1551 PINEHURST DR.  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM (X) Delete  
Name: LICATA, ROBERT J  
Address: 1551 PINEHURST DR.  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ROBERT LICATA

MGR

08/01/2005

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