2004 LIMITED LIABILITY COMPANY

Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000023620** 04-19-2004 90024 035 ****50.00 1. Entity Name LCM, L.C. Principal Place of Business Mairing Address 4005 PALM TREE BLVD. 4005 PALM TREE BLVD. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt, #. etc. Suite. Apt. #, etc. 03232004 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 30-0124453 Not Apolicable Zio Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLUHARTY, GARY A Street Address (P.O. Box Number is Not Acceptable) 23 CARROTWOOD COURT FT. MYERS, FL 33919 City Zip Code FL 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 Sgnature, typed or protect as the of registered agent and the Trapples of (HOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change Add tion TITLE TITLE ☐ De ete NAME DAVIS, RONALD L NAME 8060 GLENFINNAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP MGRM De ete TITLE ☐ Change Addition TITLE D'ANDREA, ROBERT L NAME NAME STREET ADDRESS 15464 FIDDLESTICKS BLVD. STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP MGRM De'ete ☐ Change TITLE Addition TITLE FLUHARTY, GARY A NAME NAME STREET ADDRESS 23 CARROTWOOD COURT STREET ADDRESS FT, MYERS, FL 33919 CiTY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

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11. Thereby certify that the information subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fforida 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, Fforida Statutes.

NAME

STREET ADDRESS

ÇITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4.13.04 239-277-1101 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytimo Pagna s