

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027417

Entity Name: LNCL INVESTMENTS, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

732 DELAWARE AVE
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

PO BOX 402
FT PIERCE, FL 34954

New Mailing Address:

FEI Number: 03-0493337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL E. BOTOS, P.A.
% EDWARDS & ANGELL, LLP
ONE NORTH CLEMATIS STREET, SUITE 400
WEST PALM BEACH, FL 33401 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 () Delete
Name: DANIELSON, NANCY J
Address: 4210 NE JOE'S PT RD
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: OLSON, CHAD D
Address: 732 DELAWARE AVE
City-St-Zip: FT PIERCE, FL 34950

Title: MGRM () Delete
Name: OLSON, LESLIE A
Address: 732 DELAWARE AVE
City-St-Zip: FT PIERCE, FL 34950

Title: MGRM () Delete
Name: DANIELSON, LON R
Address: 4210 NE JOE'S PT RD
City-St-Zip: STUART, FL 34996

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHAD OLSON

MGR

04/25/2008

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