2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# L02000027417

Entity Name: LNCL INVESTMENTS, LLC

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 02/20/2009

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