

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027417

**Entity Name:** LNCL INVESTMENTS, LLC

**FILED**  
**Jan 09, 2010**  
**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:**

PO BOX 2933  
FT PIERCE, FL 34954

FEI Number: 03-0493337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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  
Name: DANIELSON, NANCY J  
Address: 4210 NE JOE'S PT RD  
City-St-Zip: STUART, FL 34996

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

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

I hereby 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: LESLIE OLSON

MGRM

01/09/2010

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