


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90282 015 *****50.00

DOCUMENT # L03000017356	
1. Entity Name LCA CORPORATE HOLDINGS, LLC	

Principal Place of Business 3001 SW THIRD AVE MIAMI, FL 33129	Mailing Address 3001 SW THIRD AVE MIAMI, FL 33129
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2. Principal Place of Business 3300 Rice St.	3. Mailing Address 3300 Rice St.
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8
City & State Miami, FL	City & State Miami, FL
Zip 33133	Country USA

05032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2206214	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EVERETT MARKO, DAVID ESQ DE LA O & MARKO, PA 3001 SW THIRD AVE. MIAMI, FL 33129	
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7. Name and Address of New Registered Agent Name David M. Scheinman, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 11919 SW 42 Court City Davie FL Zip Code 33320	
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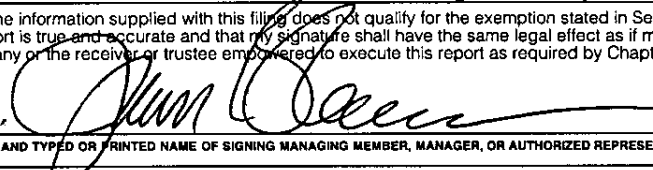
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joan Blackman 3300 Rice St. #8 Miami, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		