


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90005 005 \*\*\*\*50.00

<b>DOCUMENT # L03000029524</b> 1. Entity Name LCGS, L.L.C.			
Principal Place of Business 1424 GLEN HEATHER DRIVE WINDERMERE, FL 34786		Mailing Address 1424 GLEN HEATHER DRIVE WINDERMERE, FL 34786	
2. Principal Place of Business <i>1122 Algarve Loop</i> Suite, Apt. #, etc.		3. Mailing Address <i>1122 Algarve Loop</i> Suite, Apt. #, etc.	
City & State <i>Windermere, FL</i> Zip <i>34786</i>		City & State <i>Windermere, FL</i> Zip <i>34786</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 68-0566004		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CRAMER, CHARLES W 1411 EDGEWATER DRIVE, SUITE 100 ORLANDO, FL 32804		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRICKLAND, R. VANCE 1424 GLEN HEATHER DRIVE WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1122 Algarve Loop</i> <i>Windermere, FL 34786</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMMERS, ROLAND M 1424 GLEN HEATHER DRIVE WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1122 Algarve Loop</i> <i>Windermere, FL 34786</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORSELLO, ROBERT G 1424 GLEN HEATHER DRIVE WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1122 Algarve Loop</i> <i>Windermere, FL 34786</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENWALD, DARREN S 1424 GLEN HEATHER DRIVE WINDERMERE, FL 34786	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
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 exemptions contained in Chapter 119, 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: <i>[Signature]</i>		Date: <i>6/24/06</i> (407) 258-8097	