

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035128**

1. Entity Name  
LSC PROPERTY INVESTMENTS, LLC



Principal Place of Business  
5455 SALTAMONTE DR.  
NEW PORT RICHEY, FL 34655

Mailing Address  
5455 SALTAMONTE DR.  
NEW PORT RICHEY, FL 34655



03172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0241848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, LAYNE  
5455 SALTAMONTE DR.  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000303287  
04/13/05-80106-010 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                           |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | COCHRAN, LAYNE E          |
| STREET ADDRESS | 5455 SALTAMONTE DR        |
| CITY- ST- ZIP  | NEW PORT RICHEY, FL 34655 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| TITLE          |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/05 727-376-8621

Date

Daytime Phone #