

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/ **FILED**
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90088 036 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000026187 1. Entity Name LCL, LLC					
Principal Place of Business 400 GULF BREEZE PARKWAY-- SUITE 208 GULF BREEZE FL 32561			Mailing Address P.O. BOX 99 GULF BREEZE FL 32562		
2. Principal Place of Business 77 Baybridge Commercial Park Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Spaw		City & State		4. FEI Number 20-0971099	
Zip Spaw		Zip		Country	
6. Name and Address of Current Registered Agent LYONS, MARK III 400 GULF BREEZE PARKWAY- SUITE 208 GULF BREEZE FL 32561				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) 77 Baybridge Commercial Park City Spaw FL 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 <u>Mark Lyons III</u> DATE <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK LYONS III <input type="checkbox"/> Delete 77 Baybridge Park Gulf Breeze, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING Member <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	
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	
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: <u>Mark Lyons III</u> MARK LYONS III <u>4/30/05</u> 850934-0440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					