2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING M

May 23, 2005 8:00 am Secretary of State **DOCUMENT # L04000072608** 1. Entity Name 04-22-2005 90049 026 ****50.00 L.C.A. GROUP, LLC Principal Place of Business Mailing Address 5750 ROOSEVELT BLVD **5750 ROOSEVELT BLVD** 1000000 US CLEARWATER, FL 33764 CLEARWATER, FL 33764 US 2. Principal Place of Business 3. Mailing Address 5750 ROOSEVELT BLVD 5750 ROOSEVELT BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FE! Number Applied For CLEARWATER FL CLEARWATER FL Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33760 US 33760 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRATESI, EMIL G Street Address (P.O. Box Number is Not Acceptable) **1253 PARK ST** CLEARWATER, FL 33756 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE **MGRM** ☐ Delete TITLE Change ■ Addition LECOCHE, ARMANDO NAME NAME STREET ADDRESS 1445 PREMIER VILLAGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER, FL 33764 TITLE MGRM ☐ Delete TITLE ☐ Change Addition CSEREP, STEVE NAME 706 QUAILKEEP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE ☐ Change Addition ABATE, JOE NAME NAME STREET ADDRESS 5750 ROOSEVELT BLVD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

ANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

3 LAW OFFICES RICHARDS, GILKEY, FITE, SLAUGHTER, PRAT RICHARDS BUILDING 1253 PARK STREET **CLEARWATER, FLORIDA 33756** RALPH RICHARDS (1893-1980) TEL: (727) 443-3281 OF COUNSEL JOHN D. FITE (1933-2000) WILLIAM W. GILKEY FAX: (727) 446-3741 JOHN E. SLAUGHTER, JR. PATRICK W. RINARD EMIL G. PRATESI R. CARLTON WARD THEO J. KARAPHILLIS May 10, 2005 Division of Corporations P.O. Box 6478 Tallahassee, FL 32314 Re: LCA Group, LLC Document Number P0400072608 Dear Sir or Madam: With regard to the above referenced LLC, please be advised that the 2005 Limited Liability Company Annual Report was mailed on April 20, 2005, correcting the zip code from 33764 to 33760 (copy attached). I had my assistant Mary check online to see if it renewed and it had Mary then phoned the Department of State and was informed by your employer Nanette on May 4, 2005 that the document was returned to the Roosevelt Blvd. address due to the fact that there was no FEI Number listed. have contacted my client who has not received anything back yet, therefore, pursuant to the instructions from Diane of your office on May 6, 2005, enclosed herewith

please find another 2005 Annual Report complete with the FEI Number listed and correcting the zip code.

Also. pursuant to Diane's instructions, this will serve as notice that payment was mailed with the original renewal.

Please process the renewal and forward same to my client at the address listed on the report.



Department of State May 10, 2005 Page Two

Should you have any questions, please feel free to contact me.

Very truly yours,

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