

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080748

Entity Name: LCI ENTERPRISES LLC

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

1404 EAST LAS OLAS BOULEVARD  
#2525  
FORT LAUDERDALE, FL 333032525

## Current Mailing Address:

1404 EAST LAS OLAS BOULEVARD  
#2525  
FORT LAUDERDALE, FL 333032525 US

## New Principal Place of Business:

3311 S ANDREWS AVENUE  
#19  
FORT LAUDERDALE, FL 33316

## New Mailing Address:

POST OFFICE BOX 2525  
FORT LAUDERDALE, FL 333032525 US

FEI Number: 20-2055625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEONARD, MICKIE A  
1404 EAST LAS OLAS BOULEVARD  
#2525  
FORT LAUDERDALE, FL 333032525 US

## Name and Address of New Registered Agent:

LEONARD, MICKIE A  
3311 S ANDREWS AVENUE  
#19  
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE:

04/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEONARD, MICKIE A  
Address: 1404 EAST LAS OLAS BOULEVARD, #2525  
City-St-Zip: FORT LAUDERDALE, FL 333032525

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEONARD, MICKIE A  
Address: 3311 S ANDREWS AVENUE -#19  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICKIE A LEONARD

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date