


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000080220</b> 1. Entity Name LC & JC ENTERPRISES, LLC	
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Principal Place of Business 1201 HELEN ST. CASSELBERRY, FL 32708 US	Mailing Address P.O. BOX 180355 CASSELBERRY, FL 32718 US
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02112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired.. <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

KENNEDY, LOAN B  
100 TECHNOLOGY PARK  
SUITE 170  
LAKE MARY, FL 32746

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

2/11/2008  
✓ 7875

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSELBERRY, MARGARET J 1201 HELEN ST. CASSELBERRY, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSELBERRY, LEONARD 1201 HELEN ST. CASSELBERRY, FL 32708
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000827658  
02/21/08-80100-001 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Margaret J. Casellberry MGRM*

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

Date

Daytime Phone #

2-11-08 407.695 5454