2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5.

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90051 033 ****50.00

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03272006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000081249

1. Entity Name
LCJ DEVELOPMENT, LLC

Principal Place of Business
5950 LAKEHURST DR.
STE 219
ORLANDO, FL 32819 US

Mailing Address
5950 Lakehurst Dr.
Ste 219
Orlando FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number | Applied For | X Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CERVINO, LINO
5950 LAKEHURST DR.
STE 219
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | 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 X [signature] 4/19/06
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☑ Delete	TITLE	MGRM ☐ Change ☑ Addition
NAME	UNITED COMPUTER WAREOUSE, LLC.	NAME	CIAL USA, Corp.
STREET ADDRESS	225 LIVE OAK BLVD	STREET ADDRESS	7061 Grand National Dr. # 105 F
CITY-ST-ZIP	CASSELBERRY, FL 32707	CITY-ST-ZIP	Orlando FL 32819
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOCUS BUILDERS, INC.	NAME	
STREET ADDRESS	5950 LAKEHURST DR. STE 219	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COMPUTER PLACE REPAIRS, INC.	NAME	
STREET ADDRESS	214 N. GOLDENROD ROAD 1	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X [signature] 4/19/06 407 854 6190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #