## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## May 02, 2007 8:00 am Secretary of State DOCUMENT # L05000081249 1. Entity Name 05-02-2007 90347 003 \*\*\*\*50.00 LCJ DEVELOPMENT, LLC Principal Place of Business Mailing Address 5950 LAKEHURST DR STE 219 5950 LAKEHURST DR. **STE 219** ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business -, No P.O. Box # 3. Mailing Address Lake LaKe Suite, Apt. #, etc Suite, Apt. #, etc. 04262007 CR2E083 (12/06) Chg-LLC Orlando City & State 2 8 14 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CFRVINO $\mathcal{N}0$ **CERVINO, LINO** Street Address (P.O. Box Number is Not Acceptable) 5950 LAKEHURST DR. **STE 219** ORLANDO, FL 32819 City 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 partied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM √ Change **MGRM** Defete ■ Addition TITLE TITLE FOCUS BUILDERS, INC. FOCUS BUILDERS, INC. NAME NAME STREET ADDRESS 5950 LAKEHURST DR. STE 219 STREET ADDRESS 1510 Lake Baldwin Ln. Orlando FL 32814 CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE MGRM TITLE Delete ☐ Change ☐ Addition NAME COMPUTER PLACE REPAIRS, INC. NAME STREET ADDRESS 214 N. GOLDENROD ROAD 1 STREET ADDRESS ORLANDO, FL 32807 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change ☐ Addition CIAL USA CORP NAME STREET ADDRESS 7061 GRAND NATIONAL DR STE 105 F STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**