

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085542

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: LCL DEVELOPMENT GROUP "L.L.C.,"

**Current Principal Place of Business:**

7140 LAUREL LANE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

7140 LAUREL LANE  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 26-0126605      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINARES, NICOLAS  
7140 LAUREL LANE  
MIAMI LAKES, FL 33014      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LORENZO, IGNACIO  
Address: 7140 LAUREL LANE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM ( ) Delete  
Name: CHEDIAK, ALEXANDER  
Address: 7140 LAUREL LANE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM ( ) Delete  
Name: LINARES, NICOLAS  
Address: 7140 LAUREL LANE  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NICOLAS LINARES

MGRM

03/29/2009

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