2007 LIMITED LIABILITY COMPANY

May 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000098343 05-23-2007 90215 041 ****50.00 1. Entity Name LC INVESTMENTS, LLC 40118127 Principal Place of Business Mailing Address 4138 PACE ROAD 4138 PACE ROAD PACE, FL 32571 SR PACE, FL 32571 SR 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05172007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4754861 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, LT Street Address (P.O. Box Number is Not Acceptable) 4138 PACE ROAD PACE, FL 32571 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE X Delete XX Addition ☐ Change Lawrence T. King 4138 Pace Road KING, CONNIE A NAME NAME STREET ADDRESS 4138 PACE ROAD STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

auro Ce

FILED

850-994-0213

ATTACHMENT JD&CO

HU118127 #L0500098343

JOHN DUCKER & COMPANY ACCOUNTANTS & TAX CONSULTANTS

Since 1975

6825 OAK STREET P.O. BOX 889 MILTON, FL 32572 Phone: (850) 623-3250

(800) 978-7530

Fax: (850) 626-9602

TO: LC Investments, LLC

DATE: May 18, 2007

2007 UNIFORM BUSINESS REPORT

XX Please sign and print your name, date, and provide a daytime telephone number on line 11.

Make a check payable to **Florida Department of State** for \$50.00 and enclose along with the return in the provided envelope on or before **September 14, 2007**.

ATTACHMENT

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098343 1. Entity Name LC INVESTMENTS, LLC							CLIENT COPY			
Principal Plac]						
4138 PACE I			4138 PACE ROAD PACE, FL 32571 SR							
							iL	011810	27	
Principal Place of Business - No P.O. Box # 3. Mailing Address								011016	/\ <i> </i>	
Suite, Apt.			Suite, Apt. #, etc.			05172007	Chg-LLC	CR2E083 (12/	06)	
City & Stat	te		City & State	City & State			4. FEI Num 20-47			Applied For Not Applicable
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
KING, L T										
4138 PACE ROAD PACE, FL 32571					Street Address (P.O. Box Number is Not Acceptable)					
					City		<u>. </u>		FL Zip	Code
The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.								oth, in the State of Flo		
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v									DATE	
Filing Fee is \$50.00 Due by September 14, 2007									check payable Department of :	
9.	Luca	MANAGING MEMBE		10.		_		ADDITIONS/	CHANGES	· · · · · · · · · · · · · · · · · · ·
TITLE NAME	MGR KING, CONNIE A					mo	FR	TY	☐ Chai	nge 🔀 Addition
STREET ADDRESS CITY-ST-ZIP	4138 PAC PACE, FL			STRE	Et address St-zip	413	8 Pace	T. King Road 3257		
TITLE NAME		☐ Delete	TITLE		7	1	<i>D L J T</i>	☐ Char	ge Addition	
STREET ADDRESS				NAME STREE	ET ADDRESS					
CITY-ST-ZIP	ļ <u>.</u>	· · · · · · · · · · · · · · · · · · ·			ST-ZIP					
TITLE NAME			☐ Delete	TITLE					☐ Chan	ge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS ST-ZIP					
TITLE NAME			Delete	TITLE					☐ Chan	ge 🗌 Addition
STREET ADDRESS				NAME STREE	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE NAME			☐ Delete	TITLE			<u></u>	<u> </u>	☐ Chan	ge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS ST-ZIP					
TITLE NAME			☐ Delete	TITLE				-	☐ Chan	ge Addition
STREET ADDRESS CITY-ST-ZIP					T ADDRESS					
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.										
1 / V:										
SIGNATURE: 5-21-07 850-994-0213 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										