

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90071 018 ***138.75

DOCUMENT # L05000101877

1. Entity Name
LC MERCHANTS CROSSING, LLC



Principal Place of Business
9201 WATSON ROAD
SUITE 300
ST. LOUIS, MO 63126

Mailing Address
9201 WATSON ROAD
SUITE 300
ST. LOUIS, MO 63126

60004259



01202008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 16-1736854		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CHERRY, RICHARD G 8409 NORTH MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <u>RICHARD DOHACK</u> Street Address (P.O. Box Number is Not Acceptable) <u>11020 MAHOGANY RUN</u> City <u>FORT MYERS</u> FL Zip Code <u>33913</u>	
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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 R. Dohack (NOTE: Registered Agent signature required when reinstating) DATE 1-24-08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEYER, ROBERT J 9201 WATSON ROAD-STE 300 ST LOUIS, MO 63126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE