

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007774

Entity Name: LC MANAGEMENT LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

17947 SW 36TH STREET
MIRAMAR, FL 33029 US

New Principal Place of Business:

4004 SW 64 AVE
DAVIE, FL 33314 US

Current Mailing Address:

17947 SW 36TH STREET
MIRAMAR, FL 33029 US

New Mailing Address:

4004 SW 64 AVE
DAVIE, FL 33314 US

FEI Number: 20-4163668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRERO, LESLIE
17947 SW 36TH STREET
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

CARRERO, LESLIE
4004 SW 64 AVE
DAVIE, FL 33314 US

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: LESLIE CARRERO

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARRERO, LAWRENCE D
Address: 17947 SW 36TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM () Delete
Name: CARRERO, LESLIE
Address: 17947 SW 36TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARRERO, LAWRENCE D
Address: 4004 SW 64 AVE
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM (X) Change () Addition
Name: CARRERO, LESLIE
Address: 4004 SW 64 AVE
City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE CARRERO

MGRM

04/09/2007

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