

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057887

FILED
Jan 19, 2009
Secretary of State

Entity Name: LCA FINANCIAL MANAGEMENT, LLC

Current Principal Place of Business:

800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 26-1566891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGLOWN, DEIDREA
800 NORTH HIGHLAND AVE.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

MCGLOWN, DEIDREA
800 NORTH HIGHLAND AVE.
SUITE 200
ORLANDO, FL 32803 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: _____

Electronic Signature of Registered Agent

01/19/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHIRA, LEE
Address: 800 NORTH HIGHLAND AVE.
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: CARLTON, MICHELLE
Address: 800 NORTH HIGHLAND AVE.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHIRA, LEE
Address: 800 NORTH HIGHLAND AVE. #200
City-St-Zip: ORLANDO, FL 32803

Title: MGR (X) Change () Addition
Name: CARLTON, MICHELLE
Address: 800 NORTH HIGHLAND AVE. #200
City-St-Zip: ORLANDO, FL 32803

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: LEE CHIRA

MGR

01/19/2009

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