

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068587

FILED
Apr 30, 2009
Secretary of State

Entity Name: LC3 PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

2725 ROBIE AVENUE
MOUNT DORA, FL 327579619 US

New Principal Place of Business:

Current Mailing Address:

18440 US HIGHWAY 441
MOUNT DORA, FL 327566707 US

New Mailing Address:

P O BOX 74
MOUNT DORA, FL 32756

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPLEY LAW FIRM
131 WATERMAN AVENUE
MOUNT DORA, FL 327579541 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: LIFE CHANGING CHRISTIAN CENTER INTL INC
Address: 18440 U.S. HIGHWAY 441
City-St-Zip: MOUNTA DORA, FL 327576707

Title: MGR () Delete
Name: DURHAM, RHONDA S
Address: 2725 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 327579619 US

Title: MGR () Delete
Name: GREENE, DARREN P
Address: 2725 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 327579619 US

Title: MGR () Delete
Name: PETERS, ROY C
Address: 2725 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 327579619 US

Title: MGR (X) Delete
Name: ARMSTRONG, FREDERICK D
Address: 2725 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 327579619 US

Title: MGR (X) Delete
Name: SIMONS, PAMELA L
Address: 2725 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 327579619 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIFE CHANGING CHRISTIAN CENTER INTL INC
Address: 2725 ROBIE AVE
City-St-Zip: MOUNT DORA, FL 327576707

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

Title: MGR (X) Change () Addition
Name: SIMONS, PAMELA
Address: 2725 ROBIE AVENUE
City-St-Zip: MOUNT DORA, FL 327579619 US

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: RHONDA DURHAM

MGR

04/30/2009

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