


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 031 ****50.00

DOCUMENT # L98000002413	
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1. Entity Name
LCS GROUP, L.C.

Principal Place of Business 79971 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address 4000 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431
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24077470



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		1000 OMNI BLVD	
City & State		City & State	
Zip		Country	
Country		Country	

06232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0873960	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ECONOMOS, NICHOLAS 9279 LEGARE STREET BOCA RATON, FL 33434		Name MACLAREN, LINDA O	
		Street Address (P.O. Box Number is Not Acceptable) 798 S. FEDERAL HIGHWAY, SUITE 100	
		City BOCA RATON	
		FL Zip Code 33432	

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.

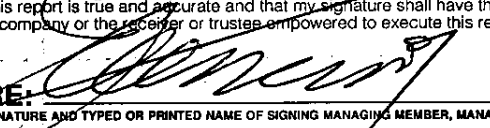
SIGNATURE  DATE 7/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ECONOMOS, NICHOLAS 9279 LEGARE STREET BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ECONOMOS, NICHOLAS 4000 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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  DATE 7/27/04 (757) 1913519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE