LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L98000002413 1. Entity Name LCS Group, LLC 03. MAY 12 PM-4-06 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 79971 Overseas Highwya 4000 N. Federal Highway Suite, Apt. #, etc Suite 206 Suite, Act. #, etc. . DU NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Islamorada. <u>Boca Raton</u> 65-0873960 Not Applicable Country Monroe -Country Palm Beach \$5.00 Additional 33431 33036 ~ 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Nicholas Economos DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 9279 Legare Street IN THIS SPACE Zip Code33434 Boca Raton 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 Signature, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02) Managing Partner TITLE TITLE NAME Nicholas Economos NAME STREET ADDRESS STREET ADDRESS 9279 Legare Street Boca Raton, FL 33434 CITY-ST-ZIP CITY-ST-ZIP TITLE MCKN TITLE **000018801600** 05/12/03--01013--013 **50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

Nicholas Economos, Managing Partner (561)361-3918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylord Prone *

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11. I hereby corfly 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 frue and accordate 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 fliability company to the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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