

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000452

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** LC FT. WALTON BEACH, LLC

**Current Principal Place of Business:**

115 - A RACE TRACK  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

6085 UPPER STRAITS BLVD  
WEST BLOOMFIELD, MI 48324

**New Mailing Address:**

**FEI Number:** 26-1680454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSEPH, DAVENPORT  
115 - A RACE TRACK  
FT. WALTON BEACH, FL 32547 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:** PRES  
**Name:** DAVENPORT, JOSEPH  
**Address:** PO BOX 8007  
**City-St-Zip:** FT. WALTON BEACH, FL 32548

**Title:** V.P  
**Name:** ANGELOSANTE, KAREN  
**Address:** 6085 UPPER STRAITS BLVD  
**City-St-Zip:** WEST BLOOMFIELD, MI 48324

I hereby 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:** KAREN ANGELOSANTE

VP

01/05/2011

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