


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

05-23-2005 90377 035 ****50.00

DOCUMENT # M95000000243	
1. Entity Name LC FOOTWEAR, LLC	

Principal Place of Business % WILLIAM PRESCOTT 6622 SOUTHPOINT DR. SO., STE. 200 JACKSONVILLE, FL 32216	Mailing Address % WILLIAM PRESCOTT 6622 SOUTHPOINT DR. SO., STE. 200 JACKSONVILLE, FL 32216
-----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

30009712



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

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3318322	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent LC FOOTWEAR, INC. 6622 SOUTHPOINT DRIVE SOUTH, SUITE 200 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name <u>Jax Shoes, LLC</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
----------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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] DATE 06-22-05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LC FOOTWEAR, INC. % J WAYNE WEAVER, 6622 SOUTHPOINT DRIVE SO JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jax Shoes, LLC <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
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
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
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
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

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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE: 05-17-05 (904) 296-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE