## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000008009

Entity Name: L.C.S. PARTNERSHIPS, INC.

FILED May 23, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
SUITE G	MPLE ROAD D BEACH, FL 33064			
Current M	lailing Address:	New Mailing Address	::	
SUITE G	MPLE ROAD D BEACH, FL 33064			
FEI Number:	: FEI Number Applied For ()	K) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	I Address of Current Registered Ager	nt: Name and Address o	f New Registered Agent:	
3150 SANI CLEARWA The above	RATE USA, INC. DY RIDGE DR ATER, FL 33761 US  named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF				
OIOIVATOI	Electronic Signature of Registere	d Agent	 Date	
	ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution()			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete CORREA, DIANA M P.O. BOX 25631 TAMARAC, FL 33320	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delete CORREA, JOSEPH A P.O. BOX 25631 TAMARAC, FL 33320	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete LOGUE, ANTHONY W 8294 BOCA GLADES BLVD EAST BOCA RATON, FL 33434	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete SESSA, ARMANDO 8930 OLD PINE RD BOCA RATON, FL 33433	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DIANA CORREA	Р	05/23/2008
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