, 2003 FOR PROFIT CORPORĂTION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052258 1. Entity Name LCA DEVELOPMENT, INC. 03 APR 25 PM 1:55 BEGRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 800 N. HIGHLAND AVENUE, STE. 200 PO BOX 4961 ORLANDO, FL 32801-4961 US ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3325529 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name B&C CORPORATE SERVICES OF CENTRAL FL.,INC. 390 N. ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100** ORLANDO, FL 32801 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents ignature required when reinstating) DATE FILE NOWILL FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE Change Change ☐ Addition TITLE Delete carlton, Charles Carlton, Charles S. NAMÉ NAME 200018460292 05/07/03--01089--005 **15 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS STREET ADDRESS **150.00 ORLANDO, FL 32803 CITY-ST-ZP CITY-ST-ZIP VT 1111 F ☐ Change TITLE Delete ☐ Addition KROPP, STEVEN G NAME NAME STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE VAS TITLE ☐ Change ☐ Addition ☐ Delete NAME MCKINNEY, EUGENE J 3MAN 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP Delete ☐ Addition TITLE 1ft F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-2IP TITLE Delete TITLE ☐ Change Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an addre

NAME

STREET ADDRESS

CITY-ST-2IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZP

SIGNATURE AND TYPED OF P OF SIGNING OFFICER OR DIRECTOR

CRZE034 (10/02)