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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000015811 (8)

1. Corporation Name  
LC GP, INC.

Principal Place of Business

% JONAS & WOLMER, P.A.  
3300 PGA BLVD., SUITE 870  
PALM BEACH GARDENS FL 33410

Mailing Address

% JONAS & WOLMER, P.A.  
3300 PGA BLVD., SUITE 870  
PALM BEACH GARDENS FL 33410-2811



3. Date Incorporated or Qualified

02/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 LC GP, Inc.

26 LC GP, Inc.

4. FEI Number

58-2225082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

22 1600 S. Main St., Ste. 150  
City & State

27 1600 S. Main St., Ste. 150  
City & State

23 Walnut Creek, CA  
Zip Country

28 Walnut Creek, CA  
Zip Country

24 94596 25 USA

29 94596 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME CHAIKEN, DONALD  
STREET ADDRESS 1600 S. MAIN STREET, SUITE 150  
CITY-ST-ZIP WALNUT CREEK CA 94596

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

DONALD CHAIKEN PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0304430

CR2E034 (9/96)