2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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P96000015811

1. Entity Name LC GP, INC.



May 02, 2003 8:00 am Secretary of State

05-02-2003 90718 013 ***150.00

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CORPORATION SERVICE COMPANY 1201 HAYS STREET TAILAHASSEE FL 32301-2525 City FL 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 ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplation of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplation of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplation of registered agent, or both, in the State of Florida. I am familiar with, and accept the ecliplation of registered agent, or both, in the State of Florida. I am familiar with, and accept the eclips of Florida. I am familiar with, and accept the eclips of Florida. I am familiar with, and accept the eclips of Florida. I am familiar with, and accept the eclips of Florida agent		6. Name	and Address of Current	Register	ed Agent			7. 1	Name and Address of New Regist			
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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 goldjations of registered agent. **FILE NOW!!!** FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payable to Florida Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. **MAKE NAME** **STREET ADDRESS** **OTY-ST-2P** **TITLE** **NAME** **STREET ADDRESS** **OTY-ST-2P** **ITTLE** **ITTLE** **ID Delate** **ITTLE** **ITTLE** **ID Delate** **ITTLE			R01-252Š:									
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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	CITY-ST-ZIP			.1				_	140.07(0)().57			

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 (925)94<u>5-8</u>0¢0