## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000022109  1. Entity Name LCA DEVELOPMENT II, INC.								FILED 04 APR -5 PM 2:39					
Principal Place of Business 800 N. HIGHLAND AVE., STE. 200 ORLANDO, FL 32803				Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961			"	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Busin	3. Mailing	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02182004	Chg-P	CR2E03	34 (10/03)	MRS			
City & State			City & S	City & State				4. FEI Numbe 59-345			<del></del>	plied For t Applicable	
Zip	Country		Zip	Zip Cou		try		5. Certificate of Status Desired		\$8.75 Additional 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 FLORIDA 390 N ORANGE AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1100 ORLANDO, FL 32801													
						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 obligations of registered agent.													
SIGNATURE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.						ncing		00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS					ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEVE G SHLAND AVE., STE. 20 D, FL 32803	00	☐ Delete			Kro	pp, Steve	2N <i>6</i> .		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HIC	I, CHARLES GHLAND AVE., STE. 20 D, FL 32803	00	Delete TITLE NAME STREE CITY-				<b>40003309933</b> ₽ <sup>Change</sup> □Add 04/19/0401078006 **150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MILLS L GHLAND AVE., STE. 20 D, FL 32803	00	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HIC	Y, EUGENE J GHLAND AVE., STE. 20 D, FL 32803	00	☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. HIC	THOAMS P GHLAND AVE., STE. 20 ), FL 32803	00	☐ Delete	1						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO	9HLAND AVE., STE. 20 0, FL 32803		☐ Delete	CITY	E Et address -St-Zip					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 address, with all other like empowered.													

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SIGNATURE:

SIGNATURE AND TYPED OR PRINT TO NAME OF SIGNING OFFICER OPPOSECUTOR ).

SIGNATURE AND TYPED OR PRINT TO NAME OF SIGNING OFFICER OPPOSECUTOR ).

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