## · ·~ 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P99000073760 FILED 1. Entity Name LCA DEVELOPMENT III, INC. 04 HAR 16 PH 2: 01 SECRETA .... ALE Principal Place of Business Mailing Address 800 N HIGHLAND AVE SUITE 200 P.O. BOX 4961 ORLANDO, FL 32803 ORLANDO, FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3595884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 AVE, SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 Zip Code FL 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, bytted or printed name of registered agent and tide it emplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE ☐ Change ☐ Addition KROPP, STEVEN G NAME NAME STREET ADDRESS 800 N HIGHLAND AVE SUITE 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP VT ☐ Delete TITLE TITLE ☐ Change Addition LAWER, THOMAS P NAME NAME 300031288053 STREET ADDRESS 800 N HIGHLAND AVE SUITE 200 STREET ADDRESS 03/26/04--01094--023 \*\*158.75 CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ■ Addition NAME CARLTON, CHARLES S STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32803 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME WILLNER, DAVID M NAME STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE VΤ ☐ Delete TITLE ☐ Change ☐ Addition PEISNER, ERIC NAME NAME STREET ADDRESS 800 N HIGHLAND AVE SUITE 200 STREET ADDRESS CITY-\$1-ZIP ORLANDO, FL 32803 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tike empowered.

Date

Daytime Phone #