2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L04000053144

Entity Name: 10143 LOMBARDY, L.L.C.

Current Principal Place of Business:

10143 LOMBARDY DRIVE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

10143 LOMBARDY DRIVE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 42-1637282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGRIST, BARBARA
10143 LOMBARDY DRIVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ANGRIST, BARBARA TRUSTEE	
Address:	10143 LOMBARDY DRIVE	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGRM	( ) Delete
Name:	ANGRIST, JONATHAN TRUSTEE	
Address:	6632 WENONGA ROAD	
City-St-Zip:	SHAWNEE MISSION, KS 66208	
Title:	MGRM	( ) Delete
Name:	RICH ANGRIST, MEREDITH TRUSTEE	
Address:	6632 WENONGA ROAD	
City-St-Zip:	SHAWNEE MISSION, KS 66208	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHAN ANGRIST MGRM 04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date