04-29-2005 90038 014 ****50.00

FILED L00000005675

05 MAY 19 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WL 05/19/05

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005675

1. Entity Name
LAMBHOLM SOUTH, L.L.C.

Principal Place of Business	Mailing Address
11501 NW 225-A REDDICK, FL 32686	11501 NW 225-A REDDICK, FL 32686

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country MARION	Zip	Country

4. FEI Number: 59-3639512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M ESQ
20801 BISCAYNE BLVD
#505
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

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

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, ROY S 35487 SNAKE HILL RD MIDDLEBURG, VA 20117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FELCHER, ELLA ~~4000 ISLAND BLVD #2408~~ ~~NORTH MIAMI, FL 33160~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4700 SHERIDAN ST, BLDG. U HOLLYWOOD, FL. 33021	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: Doris Van Fleet DORIS VAN FLEET 4/28/05 352-629-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #