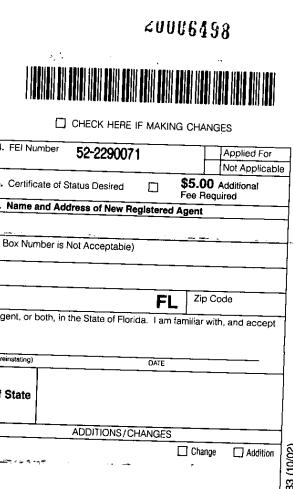
## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000001126

## LAMBDA ENTERPRISES, L.L.C.



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90036 003 \*\*\*\*50.00



Principal F	Place of Business	Mailing Address	- COWE								
4228 NE 6TH AVENUE SUITE B OAKLAND PARK FL 33334  2. Principal Place of Business Suite, Apt. #, etc.		4228 NE 6TH AVENUE SUITE B OAKLAND PARK FL 33334  3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES							
						City & S	tate	City & State		4. FEI Number 52-2290071 Applied For	
						Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional	le
<del></del>	6. Name and Address of Current	Registered Agent	<del></del>	Fee Required	_						
PE	EREZ, ELENA M		Name	7. Name and Address of New Registered Agent	コ						
43	00 N UNIVERSITY DRIVE ORT LAUDERDALE FL 33351	and the second s	Street Add	dress (P.O. Box Number is Not Acceptable)	-						
			City	Zip Code							
8. The above	re named entity submits this statement for	r the purpose of changing its	s registered office or rec	gistered agent, or both, in the State of Florida. I am familiar with, and accept	_						
0.00	and or registered agent.			gradies agent, or both, in the State of Florida. I am familiar with, and accept	. ]						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if explicable									
			E: Registered Agent signature re	DAIL	1						
}		Make Chark Bayes	OW!!! FEE IS \$50.	.00	7						
		Du Du	le to Florida Depart e By May 1, 2003	tment of State	1						
9.	MANAGING MEMBER	RS/MANAGEDS			1						
TITLE	MGRM	Delete	10.	ADDITIONS/CHANGES	$\dashv$						
NAME	GHIDELLA, RAUL	Li Delete	TITLE - NAME	☐ Change ☐ Addition	78						
STREET ADDRESS CITY-ST-ZIP	5162 NE 6TH AVENUE OAKLAND PARK FL 33334	_	STREET ADDRESS CITY-ST-ZIP	Conference of a safe	700						
TITLE NAME	MGRM	. Delete	TITLE		֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓						
STREET ADDRESS	GHIDELLA, DIEGO 5162 NE 6TH AVENUE		NAME	Change Addition	18						
CITY-ST-ZIP	OAKLAND PARK FL 33334		STREET ADDRESS								
TITLE	97 81 84 1 74 11 1 E 33334		CITY-ST-ZIP								
NAME		☐ Delete	TITLE	☐ Change ☐ Addition	1						
STREET ADDRESS			NAME STREET ADDRESS	J	{						
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE NAME		☐ Delete	TITLE								
STREET ADDRESS			NAME	☐ Change ☐ Addition	ł						
CITY-ST-ZIP			STREET ADDRESS								
TITLE			City-ST-ZIP								
NAME	,	Delete	TITLE	☐ Change ☐ 'Addition' -							
STREET ADDRESS			NAME STREET ADDRESS	,							
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE								
NAME STREET ADDRESS			NAME	☐ Change ☐ Addition							
CITY-ST-ZIP			STREET ADDRESS	}							
			CITY-ST-ZIP								

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:

01-08-2003

(954) 568 0608