

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010027

FILED
Feb 01, 2007
Secretary of State

Entity Name: LAMBERT ENTERPRISES, L.L.C.

Current Principal Place of Business:

1210 W. 15TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

2813 STATE AVE
PANAMA CITY, FL 32405

Current Mailing Address:

1210 W. 15TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

2813 STATE AVE
PANAMA CITY, FL 32405

FEI Number: 92-0192600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOIELLO, JOHNN L
404 JENKS AVENUE
PANAMA CITY, FL 32401 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: LAMBERT, EDWIN O SR
Address: 1210 S. 15TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: LAMBERT, SHARON KAY
Address: 1210 W. 15TH STREET
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMBERT, EDWIN O SR
Address: 2813 STATE AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Change () Addition
Name: LAMBERT, SHARON KAY
Address: 2813 STATE AVE
City-St-Zip: PANAMA CITY, FL 32405

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: EDWIN O LAMBERT SR

MGRM

02/01/2007

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