

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004440

Entity Name: LIZARD, LLC

FILED  
Apr 09, 2008  
Secretary of State

## Current Principal Place of Business:

403 WILLARD AVE  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

403 WILLARD AVE  
LEHIGH ACRES, FL 33972

## Current Mailing Address:

403 WILLARD AVE  
LEHIGH ACRES, FL 33936

## New Mailing Address:

403 WILLARD AVE  
LEHIGH ACRES, FL 33972

FEI Number: 14-1862365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARREN, THOMAS  
403 WILLARD AVE  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

FARREN, THOMAS  
403 WILLARD AVE  
LEHIGH ACRES, FL 33972 US

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:

04/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FARREN, THOMAS  
Address: 403 WILLARD AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Delete  
Name: FARREN, ELIZABETH  
Address: 403 WILLARD AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FARREN, THOMAS  
Address: 403 WILLARD AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM (X) Change ( ) Addition  
Name: FARREN, ELIZABETH  
Address: 403 WILLARD AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J. FARREN

OWNE

04/09/2008

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