

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004914

FILED
Apr 28, 2007
Secretary of State

Entity Name: LOMBARDI GATO DEL SOL PROPERTY, L.L.C.

Current Principal Place of Business:

679 CRAWFORD CIRCLE
LONGMONT, CO 80501

New Principal Place of Business:

15840 COLORADO BLVD.
BRIGHTON, CO 80602

Current Mailing Address:

679 CRAWFORD CIRCLE
LONGMONT, CO 80501

New Mailing Address:

15840 COLORADO BLVD.
BRIGHTON, CO 80602

FEI Number: 54-2098287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUTZOUKAS, MICHAEL E
704 W. BAY STREET
TAMPA, FL 33606 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: LOMBARDI INTEREST, L. .P.
Address: 679 CRAWFORD CIRCLE
City-St-Zip: LONGMONT, CO 80501

Title: MGR () Delete
Name: LOMBARDI, DIANE
Address: 679 CRAWFORD CIRCLE
City-St-Zip: LONGMONT, CO 80501

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOMBARDI INTEREST, L. .P.
Address: 15840 COLORADO BLVD.
City-St-Zip: BRIGHTON, CO 80602

Title: MGR (X) Change () Addition
Name: LOMBARDI, DIANE
Address: 15840 COLORADO BLVD.
City-St-Zip: BRIGHTON, CO 80602

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: DIANE LOMBARDI

MGRM

04/28/2007

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