## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000017685

Entity Name: FLORIDA LAMBDARAIL, LLC

MIAMI, FL 33199 US

City-St-Zip:

FILED Jan 14, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1365 MEMORIAL DRIVE SUITE 211 CORAL GABLES, FL 331464220 US **Current Mailing Address: New Mailing Address:** 1365 MEMORIAL DRIVE SUITE 211 CORAL GABLES, FL 331464220 US FEI Number: 20-0377087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARING, STEVE R 1365 MEMORIAL DRIVE SUITE 211 CORAL GABLES, FL 331464420 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SERUYA, STEWART Name: Name: 1535 LEVANTE AVENUE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HANBURY II, GEORGE Name: Name: Address: 3301 COLLEGE AVENUE Address: City-St-Zip: FT. LAUDERDALE, FL 33314 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HARTMAN, JOEL Name: Name: Address: 350 MILLICAN HALL Address: City-St-Zip: ORLANDO, FL 32816 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: CONRAD, LARRY Name: 6100 UNIVERISTY CENTER, BUILDING C Address: Address: City-St-Zip: TALLHASSEE, FL 323062630 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHILIT, JEFFEREY DR Name: Name: 777 GLADES ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition IBARRA, JULIÓN IBARRA, JULIO Name: Name: Address: UNIVERSITY PARK PC 330E Address: UNIVERSITY PARK PC 330E

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

MIAMI, FL 33199 US

SIGNATURE: STEVEN R. HARING CFO 01/14/2005