2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L03000017685

Entity Name: FLORIDA LAMBDARAIL, LLC

Current Principal Place of Business:

1365 MEMORIAL DRIVE
SUITE 211
CORAL GABLES, FL 331464220 US

New Principal Place of Business:

Current Mailing Address:

1365 MEMORIAL DRIVE
SUITE 211
CORAL GABLES, FL 331464220 US

New Mailing Address:

FEI Number: 20-0377087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARING, STEVEN R
1365 MEMORIAL DRIVE
SUITE 211
CORAL GABLES, FL 331464420 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:	SERUYA, STEWART	
Address:	1535 LEVANTE AVENUE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGRM	( ) Delete
Name:	HANBURY II, GEORGE	
Address:	3301 COLLEGE AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33314	
Title:	MGRM	( ) Delete
Name:	HARTMAN, JOEL	
Address:	350 MILLICAN HALL	
City-St-Zip:	ORLANDO, FL 32816	
Title:	MGRM	( ) Delete
Name:	CONRAD, LARRY	
Address:	6100 UNIVERISTY CENTER, BUILDING C	
City-St-Zip:	TALLHASSEE, FL 323062630 US	
Title:	MGRM	( ) Delete
Name:	SCHILIT, JEFFEREY DR	
Address:	777 GLADES ROAD	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGRM	( ) Delete
Name:	IBARRA, JULIO	
Address:	UNIVERSITY PARK PC 330E	
City-St-Zip:	MIAMI, FL 33199 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: STEVEN R HARING CFO 01/12/2007

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