

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017685

FILED  
Jan 11, 2008  
Secretary of State

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:**

HARING, STEVEN R CFO  
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: STEVEN R HARING, CPA

01/11/2008

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 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, CPA

CFO

01/11/2008

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