


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90031 013 ****50.00

DOCUMENT # L03000019405

1. Entity Name
 L.A.M.Z. ENTERPRISES, LLC



Principal Place of Business
 4605 NAVASSA LANE
 NAPLES, FL 34119

Mailing Address
 4605 NAVASSA LANE
 NAPLES, FL 34119

140000



2. Principal Place of Business
 15243 MEDICI WAY

3. Mailing Address
 15243 MEDICI WAY

Suite, Apt. #, etc.

04252005 - Chg-LLC CR2E083 (10/03)

City & State
 NAPLES FL

City & State
 NAPLES FL

Zip
 34110

Country
 USA

Zip
 34110

Country
 USA

4. FEI Number
 20-0448975

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESS, WAYNE M.D.
 4605 NAVASSA LANE
 NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name
 PRESS, WAYNE M.D.

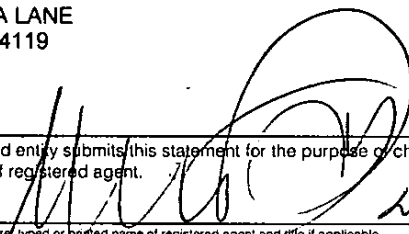
Street Address (P.O. Box Number is Not Acceptable)
 15243 MEDICI WAY

City
 NAPLES

FL

Zip Code
 34110

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  WAYNE M.D. PRESS

(NOTE: Registered Agent Signature required when reinstating)

DATE 4/25/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

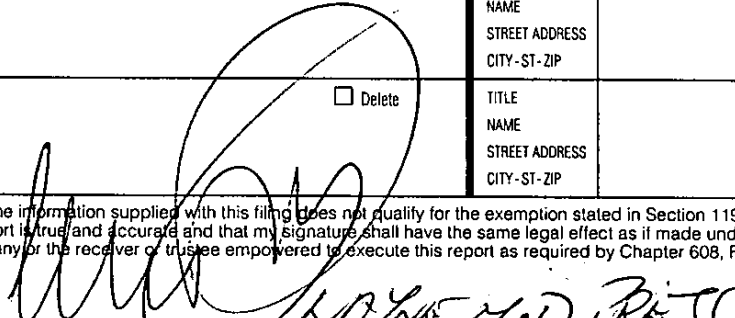
9. MANAGING MEMBERS/MANAGERS

TITLE MGR	NAME PRESS, WAYNE MD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4605 NAVASSA LANE	CITY-ST-ZIP NAPLES, FL 34119	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGR	NAME PRESS, WAYNE M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15243 MEDICI WAY	CITY-ST-ZIP NAPLES, FL 34110	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  WAYNE M.D. PRESS

Date 4/25/05

Daytime Phone # 204-716-1009