## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## SECRETARY OF STATE DOCUMENT # L03000019623 DIVISION OF CORPORATIONS GIANNA LAHAINER LOMBARDI INVESTMENTS, LLC 05 OCT 14 AM 9: 29 Principal Place of Business Mailing Address 150 BRADLEY PLACE 150 BRADLEY PLACE #903 #903 PALM BEACH, FL 33480 PALM BEACH, FL 33480 Principal Place of Business PLACE 3. Mailing Address PACM BEACH FLORIDA Suite, Apt. #, etc. 08222005 Chg-LLC CR2E083 (10/03) City & State Applied For 4. FEI Number 20-0099488 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUHARCIK, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1211 THE PLAZA SINGER ISLAND, FL 33404 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 7, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE □ Change ☐ Addition LOMBARDI, GIANNA L NAME 300060729193 10/18/05--01086--006 \*\*\*50 STREET ADDRESS 150 BRADLEY PLACE, #903 STREET ADDRESS \*\*50.00 CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP ☐ Change MGRM ☐ Delete TITLE GUIDO LOMBARDI 150 BRADIEYPLACE 4 903 NAME LOMBARDI GUIDO 150 BRADLEY PLANT 1903 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TΠΙF □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 register or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. GUIDO G. LOMBARDI