May 13 04 10:57a Interiors By Joann

FILED
Jun 01, 2004 8:00 am
Secretary of State
04-16-2004 90410 003 ****50.00

4/16/2

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024295

1. Entity Name
LAMBERTO ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2605 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	2605 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

34007795

04072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI number: 20-0053947 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LAMBERTO, JOSEPH
2605 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent
Name: Joseph J. Lamberto, III
Street Address (P.O. Box Number is Not Acceptable): 2605 Tamiami Trail
City: Port Charlotte FL Zip Code: 33952

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: X Joseph J. Lamberto III — 4/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Lamberto, Joann STREET ADDRESS: 2605 Tamiami Trail CITY-ST-ZIP: Port Charlotte, FL 33952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Lamberto, Joseph J., III STREET ADDRESS: 2605 Tamiami Trail CITY-ST-ZIP: Port Charlotte, FL 33952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Joann Lamberto — 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Joann