

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026873

FILED  
Jul 21, 2005  
Secretary of State

**Entity Name:** LAZAR FUN LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2250 BROADWAY  
FORT MYERS, FL 33901

**New Principal Place of Business:**

318 S.E. 18TH TERRACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

2250 BROADWAY  
FORT MYERS, FL 33901

**New Mailing Address:**

218 S. E. 18TH TERRACE  
CAPE CORAL, FL 33990

FEI Number: 76-0736080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROWN, KATHLEEN E  
3301 S. W. 5TH AVENUE  
CAPE CORAL, FL 33914      US

**Name and Address of New Registered Agent:**

BROWN, KATHLEEN E  
318 S. E. 18TH TERRACE  
CAPE CORAL, FL 33990      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: KATHLEEN E. BROWN

07/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOYE, CARMEN M  
Address: 5014 S.W. 24TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: BROWN, KATHLEEN E  
Address: 3301 S. W. 15TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, KATHLEEN E  
Address: 318 S.E. 18TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN E. BROWN

MGRM

07/21/2005

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