

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032585

Entity Name: F & N LAMBIASE, L.L.C.

FILED  
Jan 25, 2005  
Secretary of State

**Current Principal Place of Business:**

6108 JOHNSON ST.  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

1525 SW 111 AVE  
BLDG. 9 107  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

2408 SW 54 ST  
FT LAUDERDALE, FL 33312

FEI Number: 11-3702058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LAMBIASE, FRANCESCO  
1525 SW 111 AVE.  
BLDG 9 APT 107  
PEMBROKE PINES, FL 33025 US

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

LAMBIASE, FRANCESCO  
2408 SW 54 ST  
FT LAUDERDALE, FL 33312 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: FRANCESCO LAMBIASE

01/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LAMBIASE, FRANCESCO  
Address: 1525 SW 111 AVE. BLDG 9 APT 107  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM ( ) Delete  
Name: LAMBIASE, NICOLA  
Address: 1525 SW 111 AVE. BLDG 9 APT 107  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES:**

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 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: NICOLA LAMBIASE

MGRM

01/25/2005

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