

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90115 047 \*\*\*\*50.00

**DOCUMENT # L03000039597**

1. Entity Name  
**LOMBARDI, LLC**



Principal Place of Business  
**5150 COMMERCIAL DR., STE. H  
MELBOURNE, FL 32940**

Mailing Address  
**5150 COMMERCIAL DR., STE. H  
MELBOURNE, FL 32940**



2. Principal Place of Business  
**5130 Commercial Dr.**

3. Mailing Address  
**5130 Commercial Dr.**

Suite, Apt. #, etc.  
**Suite H**

Suite, Apt. #, etc.  
**Suite H**

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

Zip  
**32940**

Country  
**USA**

Zip  
**32940**

Country  
**USA**

07092004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0397657**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FALLACE, JAMES H  
1900 S. HICKORY ST., STE. A  
MELBOURNE, FL 32901**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGR** ☐ Delete  
NAME: **DIZ, AVELINA BARRAL**  
STREET ADDRESS: **5130 COMMERCIAL DR., STE. H**  
CITY-ST-ZIP: **MELBOURNE, FL 32940**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**10. ADDITIONS/CHANGES**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
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:** *Avelina Barral*

*July 23<sup>rd</sup> 2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #