

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90095 026 ****50.00

DOCUMENT # L04000064113 1. Entity Name LAMBERT ENTERPRISES L.L.C.					
Principal Place of Business 1951 PIPER TERRACE DELTONA, FL 32738			Mailing Address 1951 PIPER TERRACE DELTONA, FL 32738		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAMBERT, SUZETTE 1951 PIPER TERRACE DELTONA, FL 32738				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERT, ROBERT D JR 1951 PIPER TERRACE DELTONA, FL 32738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, SUZETTE 1951 PIPER TERRACE DELTONA, FL 32738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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: <i>Robert D Lambert</i>		<i>4-30-05</i> 386 828-5469			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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04132005 Chg-LLC CR2E083 (10/03)

4. EE Number **20-1749854** Applied For Not Applicable

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