

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000070914

1. Entity Name  
 LAMONTE CAFE, LLC



Principal Place of Business

C/O J. PAUL RAYMOND, ESQ.  
 625 COURT STREET  
 BRANDON, FL 33511

Mailing Address

C/O J. PAUL RAYMOND, ESQ.  
 855 E. BRANDON BLVD, STE. 1  
 BRANDON, FL 33511



03182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 11-3731793

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL  
 625 COURT STREET  
 CLEARWATER, FL 33756

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000946889  
 05/30/08-80067-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAMONTE, CAROL
STREET ADDRESS	2118 OAK HILL DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	LAMONTE, NANCY
STREET ADDRESS	1929 11TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	MGRM
NAME	LAMONTE, BEN
STREET ADDRESS	4201 SAN JUAN
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #

4/28/08

813-417-5820