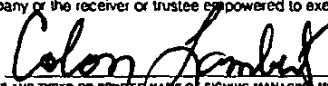


FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90120 048 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

5/1

DOCUMENT # L04000087307			
1. Entity Name LAMBERT PROPERTIES LC			
Principal Place of Business 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890		Mailing Address PO BOX 328 ZOLFO SPRINGS, FL 33890	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1961326		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, E. WAYNE 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890		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 _____ (NOTE: Registered Agent signature required when translating) 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	MGRM LAMBERT, E. WAYNE 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, CYNTHIA L 2000 NE VOSS OAKS CIRCLE ARCADIA, FL 34268 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, DOUGLAS K 795 MOFFITT ROAD ZOLFO SPRINGS, FL 33890 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, MARCUS S 198 SHACKELFORD ROAD WAUCHULA, FL 33873 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, COLON L 3045 OAK BEND BOWLING GREEN, FL 33834 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, BILLY M 753 DAFFODIL STREET LAKE PLACID, FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			