

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAMBERT, E. WAYNE
STREET ADDRESS	2060 STEVE ROBERTS SPECIAL
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	MGRM
NAME	BROWN, CYNTHIA L
STREET ADDRESS	2000 NE VOSS OAKS CIRCLE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	MGRM
NAME	LAMBERT, DOUGLAS K
STREET ADDRESS	795 MOFFITT ROAD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	MGRM
NAME	LAMBERT, COLON L
STREET ADDRESS	3045 OAK BEND
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	MGRM
NAME	LAMBERT, BILLY M
STREET ADDRESS	753 DAFFODIL STREET
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000943837
05/29/08-80076-007 138.75

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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

4/30/08 863-2350801

Date

Daytime Phone #