2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087307

Entity Name: LAMBERT PROPERTIES LC

753 DAFFODIL STREET

LAKE PLACID, FL 33852

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890 **Current Mailing Address: New Mailing Address:** PO BOX 328 ZOLFO SPRINGS, FL 33890 FEI Number: 20-1961326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMBERT, E. WAYNE 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LAMBERT, E. WAYNE Name: Name: 2060 STEVE ROBERTS SPECIAL Address: Address: City-St-Zip: ZOLFO SPRINGS, FL 33890 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN, CYNTHIA L Name: Name: Address: 2000 NE VOSS OAKS CIRCLE Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LAMBERT, DOUGLAS K Name: Name: Address: 795 MOFFITT ROAD Address: City-St-Zip: ZOLFO SPRINGS, FL 33890 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition LAMBERT, COLON L Name: Name: Address: 3045 OAK BEND Address: City-St-Zip: BOWLING GREEN, FL 33834 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LAMBERT, BILLY M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: E. WAYNE LAMBERT MGRM 04/22/2009