

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050546

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: LOMBARD, LLC.

**Current Principal Place of Business:**

2071 S OCEAN DR  
TH19  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1093  
N. MIAMI BEACH, FL 33160 US

**New Mailing Address:**

2071 S OCEAN DR  
TH19  
HALLANDALE BEACH, FL 33009 US

FEI Number: 20-2884021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A & J ADVISORY SERVICE, INC.  
2620 BUTTONWOOD AVE  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

CAMACHO, CARLOS  
2071 S OCEAN DR TH19  
HALLANDALE BEACH, FL 33009 US

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: CARLOS CAMACHO

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLUBEC, ERIK  
Address: 2071 S OCEAN DR  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM ( ) Delete  
Name: JELINEK, VIKTOR  
Address: DUNAJSKA 15/B  
City-St-Zip: 811 08 BRATISLAVA, OC 00000 EZ

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ERIK HOLUBEC

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date