

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90212 017 ****55.00



DOCUMENT # L05000050978
 1. Entity Name
LAMARR, DESANTO AND LAMARR, L.L.C.

Principal Place of Business Mailing Address
~~NORTHERN TRUST BANK TOWER~~ ~~NORTHERN TRUST BANK TOWER~~
~~2601 EAST OAKLAND PARK BLVD., SUITE 3~~ ~~2601 EAST OAKLAND PARK BLVD., SUITE 3~~
~~FT. LAUDERDALE FL 33306~~ ~~FT. LAUDERDALE FL 33306~~



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
COASTAL TOWER - SUITE 211 **COASTAL TOWER - SUITE 211**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2400 EAST COMMERCIAL BLVD. **2400 EAST COMMERCIAL BLVD.**

City & State City & State
FORT LAUDERDALE, FL. **FORT LAUDERDALE, FL.**
 Zip Country Zip Country
33308 **U.S.A.** **33308** **U.S.A.**

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DESANTO, RICHARD J ESQ.
NORTHERN TRUST BANK TOWER
~~2601 EAST OAKLAND PARK BLVD., SUITE 301~~
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
 Name: **DESANTO, RICHARD J., ESQ.**
 Street Address (P.O. Box Number is Not Acceptable):
COASTAL TOWER - SUITE 211
2400 EAST COMMERCIAL BLVD.
 City: **FORT LAUDERDALE, FL** Zip Code: **33308**

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: *Richard J. Desanto, Esquire* DATE: 03/01/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input type="checkbox"/> Delete DESANTO, RICHARD J 2801 E. OAKLAND PK. BLVD. FORT LAUDERDALE FL 33306
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard J. Desanto, as manager/member* DATE: 03/01/07 TELEPHONE: (954) 776-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #