

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057876

Entity Name: THE LAZARRE GROUP, LLC

FILED  
Sep 26, 2008  
Secretary of State

## Current Principal Place of Business:

1265 NE 155 STREET  
MIAMI, FL 33162 US

## New Principal Place of Business:

39 NW 166TH STREET  
SUITE #1  
MIAMI, FL 33169 US

## Current Mailing Address:

39 NW 166TH STREET  
SUITE #1  
MIAMI, FL 33169 US

## New Mailing Address:

FEI Number: 20-2978755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LAZARRE, GERALDINE L  
1265 NE 155 STREET  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

LAZARRE, GERALDINE L  
39 NW 166TH STREET  
SUITE #1  
MIAMI, FL 33169 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: GERALDINE LAZARRE

09/26/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LAZARRE, GERALDINE L  
Address: 1265 NE 155 STREET  
City-St-Zip: MIAMI, FL 33162 US

## ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition  
Name: LAZARRE, GERALDINE L  
Address: 39 NW 166TH STREET, SUITE #1  
City-St-Zip: MIAMI, FL 33169 US

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: GERALDINE LAZARRE

MM

09/26/2008

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