

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000093223**

1. Entity Name  
**LAMBERT PROPERTIES OF FLORIDA, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 26 PM 2:48

Principal Place of Business <b>304 DORIS DRIVE LAKELAND, FL 33813</b>	Mailing Address <b>304 DORIS DRIVE LAKELAND, FL 33813</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALLOCK, DAVID D JR  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 32801**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MGLM Tim J. Lambert</b>	
CITY-ST-ZIP	<b>304 Doris Drive Lakeland, Florida 33813</b>	

**10. ADDITIONS/CHANGES**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

**200064765332**

01/30/06--01064--009 \*\*250.00

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:** Tim J. Lambert 1/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #