FILED
Jul 05, 2007 8:00 am
Secretary of State
04-16-2007 90357 013 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000109791

1. Entity Name
LAMBERT REAL ESTATE, LLC

30011451

01152007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
304 DORIS DRIVE LAKELAND, FL 33813	304 DORIS DRIVE LAKELAND, FL 33813

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number ~~APPLIED FOR~~ 16-1689213 ☐ 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.~~
~~GRAY ROBINSON, P.A.~~
~~ONE LAKE MORTON DRIVE~~
~~LAKELAND, FL 33801~~

Tim J. Lambert
304 Doris Dr
Lakeland, FL
33813

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 ... h, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/6/07
Signature, typed or printed name of registered agent and title if applicable. DATE

7/2/07 Resending per my call to you after receiving a card of intent of Dissolve.

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	~~MGRM~~ BROKER, owner	☐ Delete
NAME	LAMBERT, TIM J	
STREET ADDRESS	304 DORIS DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X [signature] 4/6/07 863-647-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #