2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000112575

Entity Name: LAMBERT MOBILE ENTERPRISE, L.L.C.

Current Principal Place of Business:

912 MAUD STREET
TAVARES, FL 32778 US

New Principal Place of Business:

7709 INDIAN RIDGE TRAIL NORTH
KISSIMMEE, FL 34747 US

Current Mailing Address:

912 MAUD STREET
TAVARES, FL 32778 US

New Mailing Address:

P.O.BOX 470442
CELEBRATION, FL 34747 US

FEI Number: 20-3827190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, LOCKARD P MR.
7709 INDIAN RIDGE TRAIL NORTH
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LAMBERT, LOCKARD P MR.
Address: 7709 INDIAN RIDGE TRAIL NORTH
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGRM (X) Delete
Name: LAMBERT, CAROLL E MRS.
Address: 7709 INDIAN RIDGE TRAIL NORTH
City-St-Zip: KISSIMMEE, FL 34747 US

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: LOCKARD P. LAMBERT MGR 04/30/2007

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