2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# L06000013547

Entity Name: FERDERIGOS & LAMBE, PL

Current Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1907
ORLANDO, FL 32802

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

FERDERIGOS, MICHAEL
390 NORTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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: FERDERIGOS, MICHAEL
Address: 390 NORTH ORANGE AVENUE, SUITE 2300
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: LAMBE, JON
Address: 390 NORTH ORANGE AVENUE, SUITE 2300
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FERDERIGOS, MICHAEL
Address: PO BOX 1907
City-St-Zip: ORLANDO, FL 32802

Title: MGR (X) Change ( ) Addition
Name: LAMBE, JON
Address: PO BOX 1907
City-St-Zip: ORLANDO, FL 32802

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: /S/ MICHAEL FERDERIGOS MGR 09/03/2009

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