2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008
Secretary of State

DOCUMENT# L06000034185

Entity Name: LAMBERT WILSON ENTERPRISES, LLC

Current Principal Place of Business:

1951 PIPER TERRACE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

915 DOYLE ROAD
SUITE 303, BOX 155
DELTONA, FL 32725

New Mailing Address:

FEI Number: 20-4611629 **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:

WILSON, JASON A
3140 UTAH DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

LAMBERT, ROBERT
1951 PIPER TERR
DELTONA, FL 32738 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: ROBERT LAMBERT 06/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LAMBERT, ROBERT D JR.
Address: 1951 PIPER TERRACE
City-St-Zip: DELTONA, FL 32738

Title: MGR ( ) Delete
Name: WILSON, JASON A
Address: 3140 UTAH DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: WILSON, JASON A
Address: 1 TERRACARTER LANE
City-St-Zip: STATESBORO, GA 30461

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: JASON WILSON MGR 06/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date