## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 24, 2007 8:00 am Secretary of State DOCUMENT # L06000051651 04-24-2007 90121 001 \*\*\*\*50.00 LAMBEAU INVESTMENTS LLC 04-24-2007 90121 002 \*\*\*\*\*5.00 Principal Place of Business Mailing Address 8532 WEEPING WILLOW WAY 8532 WEEPING WILLOW WAY 30002214 ORLANDO, FL 32817 ORLANDO, FL 32817 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 41-2206971 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMKIN, RONNIE W 8532 WEEPING WILLOW WAY Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32817 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Addition Change | TITLE ☐ Delete TITLE LAMKIN, RONNIE W NAME 8532 WEEPING WILLOW WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QRLANDO, FL 32817 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Channe STREET ADORESS 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 region or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IING MANAGING MENIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

321-229-4248