



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000051651</b> 1. Entity Name <b>LAMBEAU INVESTMENTS LLC</b>	
--	---

Principal Place of Business <b>8532 WEEPING WILLOW WAY ORLANDO, FL 32817</b>	Mailing Address <b>8532 WEEPING WILLOW WAY ORLANDO, FL 32817</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
04142008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number <b>41-2206971</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LAMKIN, RONNIE W 8532 WEEPING WILLOW WAY ORLANDO, FL 32817</b>
--

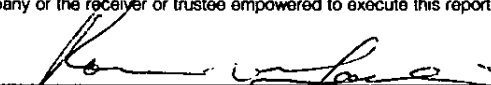
<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>U00000901501 04/29/08-80070-012 143.75</b>
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LAMKIN, RONNIE W 8532 WEEPING WILLOW WAY ORLANDO, FL 32817</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 606, Florida Statutes.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/14/08</b> <small>Date</small>	<b>321-229-4248</b> <small>Daytime Phone #</small>

*Ronnie W. Lamkin*