

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082093

FILED
Feb 07, 2008
Secretary of State

Entity Name: LOMBARDI'S MARKETPLACE, L.L.C.

Current Principal Place of Business:

1152 HARMON AVENUE
WINTER PARK, FL 327894994 US

New Principal Place of Business:

Current Mailing Address:

1152 HARMON AVENUE
WINTER PARK, FL 327894994 US

New Mailing Address:

FEI Number: 20-5407981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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: LOMBARDI, ANTHONY JR.
Address: 2710 MIDSUMMER PLACE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR () Delete
Name: LOMBARDI, TERESA A
Address: 2710 MIDSUMMER DR
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: LOMBARDI, DENISE M
Address: 519 S SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SMITH, DENISE M
Address: 519 S SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32801

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: TERESA LOMBARDI

MGR

02/07/2008

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