


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90214 008 \*\*\*\*50.00

DOCUMENT # L06000093594					
1. Entity Name <b>LAZZARI APARTMENTS, LLC</b>					
Principal Place of Business <del>930 S.W. 70TH TERRACE</del> <b>GAINESVILLE, FL 32607</b>			Mailing Address <del>930 S.W. 79TH TERRACE</del> <b>GAINESVILLE, FL 32607</b>		
2. Principal Place of Business - No P.O. Box # <b>1137 SW 83rd Way</b>		3. Mailing Address <b>1137 SW 83rd Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number 01082007 Chg-LLC CR2E083 (12/06)	
Zip <b>32607</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAZZARI, ONELIA R</b> <del>930 S.W. 79TH TERRACE</del> <b>GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1137 SW 83rd Way</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</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 <u><i>Onelia R. Lazzari</i></u> <b>ONELIA R. LAZZARI, MGRM</b> DATE <u>3/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LAZZARI, ONELIA R</b> <del>930 S.W. 70TH TERRACE</del> <b>GAINESVILLE, FL 32607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1137 SW 83rd Way</b> <b>Gainesville, FL 32607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE: <u><i>Onelia R. Lazzari</i></u> <b>Onelia R. LAZZARI</b> <u>3/6/07</u> <u>(352) 332-9647</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					