2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L07000030527

Entity Name: LEMBRICH FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

235 N. LONGWOOD STREET
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

PO BOX 520986
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 20-8686852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMBRICH, MATT
235 N LONGWOOD
LONGWOOD, FL 32750 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: MGRM ( ) Delete
Name: LEMBRICH, MATT
Address: 193 SUNNYDALE
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete
Name: LEMBRICH, SCOTT
Address: 219 S. ELESASSER STREET
City-St-Zip: DELAND, FL 32720

Title: MGRM ( ) Delete
Name: LEMBRICH, STEVE
Address: 2490 SPRING GARDEN AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

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

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

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

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: MATT LEMBRICH MGRM 04/14/2009

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