


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000001416 1. Entity Name LAZBOB PROPERTY, LLC	
--	---

Principal Place of Business 4901 N.W. 17TH WAY SUITE 103 FT. LAUDERDALE, FL 33309	Mailing Address 4901 N.W. 17TH WAY SUITE 103 FT. LAUDERDALE, FL 33309
--	--

DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0800916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVY, ALAN M LEVY REALTY ADVISORS, INC. 4901 NW 17 WAY, SUITE 103 FT. LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAZAR, MICHAEL 575 PARK AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNER, ARONOLD S 249 EAST 71ST STREET NEW YORK, NY 10016
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	

U00000734742
05/10/07-80006-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Michael Lazar* **Managing Member** *4/22/07* **954 991-5505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #