


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000004274</b> 1. Entity Name LAMBERHURST ASSOCIATES, L.L.C.	
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Principal Place of Business 1315 E 5TH AVE TAMPA, FL 33605	Mailing Address 1315 E 5TH AVE TAMPA, FL 33605
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**DO NOT WRITE IN THIS SPACE**



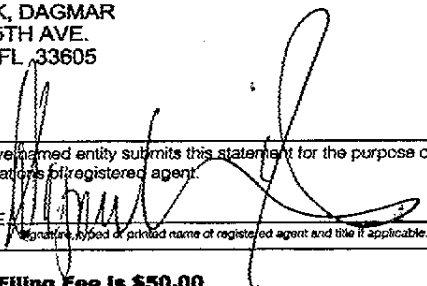
02262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3615064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BENEDIK, DAGMAR 1315 E. 5TH AVE. TAMPA, FL 33605
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IN THIS SPACE**

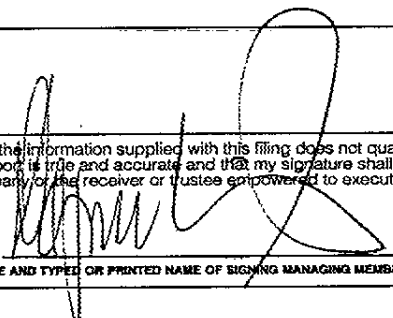
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 3/22/04
<small>Signature of individual or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000095605  
03/24/04-80040-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENEDIK, DAGMAR 1315 E 5TH AVE TAMPA, FL 33605
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
SIGNATURE:  DAGMAR BENEDIK	DATE: 3/22/04
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>