

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90133 013 \*\*\*\*50.00

**DOCUMENT # L99000004274**

1. Entity Name  
**LAMBERHURST ASSOCIATES, L.L.C.**



00000179



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address  
**1315 E 5TH AVE 1315 E 5TH AVE**  
**TAMPA FL 33605 TAMPA FL 33605**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3615064** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WOLFE, RANDOLPH J**  
**100 N. TAMPA ST., STE. 2700**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name **DAGMAR BENEDIK**

Street Address (P.O. Box Number is Not Acceptable)

**1315 E 5TH AVE**

City **TAMPA**

**FL**

Zip Code **33605**

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 *[Signature]*  
Signature typed or printed name of registered agent and time if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/3/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE ☐ Delete  
NAME **MGRM BENEDIK, DAGMAR**  
STREET ADDRESS **1315 E 5TH AVE**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE ☒ Delete  
NAME **MGRM ARKELL SMITH, MIACHAEL A**  
STREET ADDRESS **NA PANKRACI 103 PRAHA 4**  
CITY-ST-ZIP **CZECH REPUBLIC**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS / CHANGES**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/3/03**

**(813) 298-3132**

CR2E083 (10/02)