2000 UNIFORM BUSINESS REPORT (UBR)

003100 AF

DOCUMENT # L99000006187

1. Entity Name
LAMBERT ADVISORY, L.C.

FILED
00 APR 12 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DR. MIAMI FL 33133	2601 SOUTH BAYSHORE DR. MIAMI FL 33133-5417

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 South Bayshore Drive	2601 South Bayshore Drive
Suite, Apt. #, etc.: Suite 300D	Suite, Apt. #, etc.: Suite 300D
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number 65-0952060 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E
220 ALHAMBRA CIRCLE, STE 810
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	☐ Delete
NAME	LAMBERT, PAUL	
STREET ADDRESS	1135 ADAMS STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	MGR	☐ Delete
NAME	LIFF, ERIC	
STREET ADDRESS	12498 N BAYSHORE DR	
CITY-ST-ZIP	N MIAMI FL	
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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	700003217937--9	
STREET ADDRESS	-04/21/00--01012--017	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/99)

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 REQUIRED 4/10/00 305-860-3715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #