



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90109 011 \*\*\*150.00

<b>DOCUMENT # P03000097099</b>					
<b>1. Entity Name</b> <b>LAMBCO PROPERTY MANAGEMENT, INC.</b>					
<b>Principal Place of Business</b> 120 COUNTRY CLUB WAY ROYAL PALM BEACH, FL 33411			<b>Mailing Address</b> 1128-266 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192006    Chg-P    CR2E034 (11/05)	
City & State		City & State		<b>4. FEI Number</b> <b>41-2109317</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAMBIASE, GENEVIEVE T 120 COUNTRY CLUB WAY ROYAL PALM BEACH, FL 33411			<b>7. Name and Address of New Registered Agent</b> Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>1128-266 Royal Palm Beach Blvd.</u> City <u>Royal Palm Beach</u> <b>FL</b> Zip Code <u>33411</u>		
<b>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.</b> SIGNATURE <u>Genevieve T. Lambiasse, President</u> DATE <u>1/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBIASE, GENEVIEVE T 120 COUNTRY CLUB WAY ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Name is the same</u> <u>1128-266 Royal Palm Beach Blvd.</u> <u>Royal Palm Beach, FL 33411</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAMBIASE, GENEVIEVE T 120 COUNTRY CLUB WAY ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1128-266 Royal Palm Beach Blvd.</u> <u>Royal Palm Beach, FL 33411</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBIASE, NICHOLAS JR. 120 COUNTRY CLUB WAY ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1128-266 Royal Palm Beach Blvd.</u> <u>Royal Palm Beach, FL 33411</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Genevieve T. Lambiasse, President</u>			Date <u>1/19/06</u>		Daytime Phone # <u>561-422-0085</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					