2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2006 8:00 am Secretary of State

DOCUMENT # L02000017730 1. Entity Name LOT 90, L.L.C.						04-12-2006	5 90019 OC	14 ****5	0.00	
Principal Place of Business 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940		Mailing Address 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940			 	88118 11811 B8111 B8111 B			 	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Numbe 68-0522				plied For at Applicable		
Žip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add se Require		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New	Registered Aç	jent		
RENFRO, ROBERT M			Nai	Name						
7331 OFF	ICE PK. PLACE #200 RNE, FL 32940-		Street Address (F			P.O. Box Number is Not Acceptable)				
	Process of the Control of the Contro						T-0-4	_		
		City					<u> </u>	Zip Code	8	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offi	ce or register	ed agent, or both	h, in the State of F	lorida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered Agent	signature required) when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State					
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ם ו	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.			Florid			a	
; D	we by May 1, 2006 MANAGING MEMBER MGR	RS/MANAGERS	10.			Florid	A Department		Addition	
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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: CZNE CUCZ SIGNATURE AND TYPED OR PRINTED NAME OF AUGINO MEDIAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.5.06 321.254.2400 Date Daytime Phone #