


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017730</b> 1. Entity Name LOT 90, L.L.C.	
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Principal Place of Business 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940	Mailing Address 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>68-0522288</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

RENFRO, ROBERT M  
7331 OFFICE PK. PLACE #200  
MELBOURNE, FL 32940

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000666732  
03/23/07-80082-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENFRO, ROBERT M 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EULER, ERNEST C 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENFRO, MARY R 7331 OFFICE PK. PLACE #201 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_