


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069043 1. Entity Name FLORIDA LOTS LLC	
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FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 26 AM 10:00

Principal Place of Business 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789	Mailing Address P.O. BOX 508 WINTER PARK, FL 32790
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07202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2683924	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEYBOLD, LOUIS 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

700106819097
07/27/07--01035--002 **900.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM SEYBOLD, LOUIS R 400 N NEW YORK AVENUE, SUITE 108 WINTER PARK, FL 32789
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BLT

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 #

7-20-07

407-274-1000

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FLORIDA LOTS LLC



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07/27/07--01035--002 **900.00

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TITLE MM
NAME SEYBOLD, LOUIS R
STREET ADDRESS 400 N NEW YORK AVENUE, SUITE 108
CITY-ST-ZIP WINTER PARK, FL 32789

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