## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

•	ANNOAL	KLFOKI		_	
DOCUMENT # L04000069043  1. Entity Name FLORIDA LOTS LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JUL 26 AM 10: 00	
			0 1 1 E	0, 052 20	8010-00
Principal Place 400 N. NEW WINTER PARI	YORK AVE., SUITE 108	Mailing Address P.O. BOX 508 WINTER PARK, FL 32790		1  - 	8 8200 2.000 8.000 87888 87888 28 7888
				07202007 No Chg-LLC	CR2E083 (11/05)
D	O NOT WRITE	IN THIS SPACE	CE	-	Applied For
				4. FEI Number 58-2683924	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Current Re	egistered Agent	1		Fee Required
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. If am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Filing Fee is \$50.00 Due by September-14, 2007			7001068 07/27/0701035-	1:9097 -002 **900.00	
9.	MANAGING MEMBERS	S/MANAGERS		· · · · · · · · · · · · · · · · · · ·	
TITLE	MM SEVEOLD LOUIS B				
NAME Street address	SEYBOLD, LOUIS R 400 N NEW YORK AVENUE, SUIT	E 108	}		
CITY-ST-ZIP	WINTER PARK, FL 32789				
TITLE					
NAME Street address					
CITY-ST-ZIP					
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NAME Street address					
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TITLE NAME					BLT
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CITY-ST-ZIP					
indicated	certify that the information supplied with to on this report is true and accurate and the contract of the cont	hat my signature shall have the sa	me legal effect as i	if made under oath; that I am a managi	
limited liability company or the receiver or-trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

7-20-07

407-2941000

Daytime Phone #

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## SEUNETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000069043 FLORIDA LOTS LLC 07 JUL 26 AM 10: 00 Principal Place of Business Mailing Address 400 N. NEW YORK AVE., SUITE 108 P.O. BOX 508 WINTER PARK, FL 32789 WINTER PARK, FL 32790 07202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2683924 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEYBOLD, LOUIS DO NOT WRITE 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789 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, 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 September 14, 2007 000106819140 07/27/07--01035--002 \*\*900.00 MANAGING MEMBERS/MANAGERS 9. ММ TITLE SEYBOLD, LOUIS R NAME STREET ADDRESS 400 N NEW YORK AVENUE, SUITE 108 CITY+ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BLT

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

7-20-07

407-584-1000

Dayrime Phone #