2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90054 029 ****50.00

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1. Entity Name
LOT 90, L.L.C.

24054475

Principal Place of Business	Mailing Address
7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940	7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940

03222004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0522288
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DETTMER, DALE A~~ Renfro, Robert M.
~~304 S. HARBOR CITY BOULEVARD, SUITE 201~~
~~MELBOURNE, FL 32901~~ 7331 Office Pk Place # 200
Melbourne, FL 32940

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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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RENFRO, ROBERT M
STREET ADDRESS	7331 OFFICE PARK PLACE STE 200
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	EULER, ERNEST C
STREET ADDRESS	7331 OFFICE PARK PLACE STE 200
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	MEMBER
NAME	Renfro, Mary R.
STREET ADDRESS	7331 Office Pk. Place # 200
CITY-ST-ZIP	Melbourne, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #