2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR)				
DOCUMENT # L02000017730 1. Entity Name LOT 90, L.L.C.				FILED OF MAR 16 PM 12: 48 OF STATE OF CRETINGLY OF STATE OF CRET
Principal Place of Business		Mailing Address		TO STATUS OF STATUS A
7331 OFFICE PARK PLACE STE 200 MELBOURNE FL 32940		7331 OFFICE PARK PL STE 200 MELBOURNE FL 32940	ACE	05 MAR 16 PH 12. TATE SECRETARY OF STATE TALLARASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)
City & State		City & State	F-18-18-1	4. FEI Number 68-0522288 Applied For Not Applicable
Žip	Country	Zip	Country	Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
RENFRO, ROBERT M			Name	
7331 OFFICE PK. PLACE #201			Street Address	s (P.O. Box Number is Not Acceptable)
MELBOURNE FL 32940				20
City FL Zip Code				
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 little if applicable (NOTE Registered Agent signature grouped when fourstating) DATE				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005				
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP	MGR RENFRO, ROBERT M 7331 OFFICE PARK PLACE STE 20 MELBOURNE FL 32940	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	EULER, ERNEST C 7331 OFFICE PARK PLACE STE 20	Ю	NAME STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	
TITLE NAME	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	RENERO, MARY R 7331 OFFICE PK. PLACE #201	_	NAME STREET ADDRESS	400049101924 03/24/0501049013 **250:00-
CITY-SI-ZIP	MELBOURNE FL 32940	<u>-</u>	CITY-ST-ZIP	03/24/0501049013 **250:00-
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		□ P-1-1-	CITY-ST-ZIP	
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	C Acres C Addition
NAME		L.I Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
11. I hereby r	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes I further certify that the information
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				

NO TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISCO DISCO DISCORDED PRODUIT DE DISCORDE PRODUIT DE DISCORDED PRODUIT DE DISCORDE PRO