

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017755

1. Entity Name
LOT 91, L.L.C.



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

Mailing Address
7331 OFFICE PARK PLACE
STE 200
MELBOURNE, FL 32940

FILED
04 JUL 12 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
68-0522290

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~~
~~304 S. HARBOR CITY BOULEVARD STE 201~~
~~MELBOURNE, FL 32901~~

RENFRO, Robert M.
7331 Office Park Place
Viera, FL 32940

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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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RENFRO, ROBERT M
7331 OFFICE PARK PLACE STE 200
VIERA, 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
MARY R. Renfro
7331 Office Park Place # 200
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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IN THIS SPACE**

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4/26/04 90054-030

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:

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

Date

Daytime Phone #