

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000017755

1. Entity Name

LOT 91, L.L.C.



FILED  
05 MAR 16 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7331 OFFICE PARK PLACE  
STE 200  
MELBOURNE FL 32940

Mailing Address

7331 OFFICE PARK PLACE  
STE 200  
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

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

RENFRO, ROBERT M  
7331 OFFICE PARK PLACE  
STE 200  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME RENFRO, ROBERT M  
STREET ADDRESS 7331 OFFICE PARK PLACE STE 200  
CITY-ST-ZIP VIERA FL 32940

TITLE MGR ☐ Delete  
NAME EULER, ERNEST C  
STREET ADDRESS 7331 OFFICE PARK PLACE STE 200  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE MGR ☐ Delete  
NAME RENFRO, MARY R  
STREET ADDRESS 7331 OFFICE PARK PLACE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900049101899  
03/24/05--01043--013 \*\*250.00

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ernie Euler 3/11/05 321-254-2400

Date

Daytime Phone #