

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90148 017 ****50.00

DOCUMENT # L02000017755

1. Entity Name

LOT 91, L.L.C.



Principal Place of Business

**304 S. HARBOR CITY BOULEVARD STE. 201
MELBOURNE FL 32901**

Mailing Address

**304 S. HARBOR CITY BOULEVARD STE. 201
MELBOURNE FL 32901**

2. Principal Place of Business

7331 Office Park Place

Suite, Apt. #, etc.

Suite 200

City & State

Viera, FL

Zip

32940

Country

USA

3. Mailing Address

7331 Office Park Place

Suite, Apt. #, etc.

Suite 200

City & State

Viera, FL

Zip

32940

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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**

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
NAME **Robert M. Renfro**
STREET ADDRESS **7331 Office Park Place, Suite 200**
CITY-ST-ZIP **Viera, FL 32940**

TITLE **Manager** ☐ Delete
NAME **Ernest C. Euler**
STREET ADDRESS **7331 Office Park Place, Suite 200**
CITY-ST-ZIP **Viera, 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

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

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 REQUIRED

ERNEST EULER

3.13.03

321-254-2400

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

Date

Daytime Phone #

CR2E083 (10/02)