


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90063 035 ****50.00

DOCUMENT # L02000019660	
1. Entity Name ST. LAWRENCE LOTS, LLC	

Principal Place of Business 1600 TAMiami TRAIL CITY CENTER BLD., SUITE 102 PORT CHARLOTTE, FL 33948	Mailing Address 1600 TAMiami TRAIL CITY CENTER BLD., SUITE 102 PORT CHARLOTTE, FL 33948
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2. Principal Place of Business 154 PORTOFINO DR Suite, Apt. #, etc. VENETIAN GOLF + RIVER	3. Mailing Address ← Suite, Apt. #, etc. ← SAME AS
City & State N. VENICE FL	City & State
Zip 34275	Country USA

40003703



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0103434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent KABINOFF, LARRY S 440 NE TWYLITE TERRACE PORT ST. LUCIE, FL 34983	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

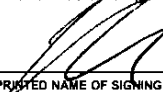
SIGNATURE  1-6-05
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KABINOFF, LARRY 440 NE TWYLITE TERR. PORT ST. LUCIE, FL 34983 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	154 PORTOFINO DR N. VENICE FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1-6-05 561-707-6967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #