2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2. **FILED**
Mar 10, 2008 8:00 am
Secretary of State

02-06-2008 90121 043 ***138.75

DOCUMENT # L02000019660

1. Entity Name
LOTS DIRECT, LLC

Principal Place of Business	Mailing Address
242 PORTOFINO DR VENETIAN GOLF AND RIVER N. VENICE, FL 34275	~~154~~ PORTOFINO DR. VENETIAN GOLF&RIVER N. VENICE, FL 34275

30001716

01302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
242 PORTOFINO DR	242 PORTOFINO DR
Suite, Apt. #, etc.: VENETIAN GOLF & RIVER CLUB	Suite, Apt. #, etc.: VENETIAN GOLF & RIVER CLUB
City & State:	City & State: N. VENICE FL
Zip: / Country:	Zip: 34275 / Country: USA

4. FEI Number: 03-0103434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KABINOFF, LARRY S
242 PORTOFINO DR
VENETIAN GOLF AND RIVER
~~PORT ST. LUCIE, FL 34983~~
N. VENICE FL 34275

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: LARRY KABINOFF DATE: 2/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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 242 PORTOFINO DR N. VENICE, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: LARRY KABINOFF Date: 2/29/08 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE