

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000025781

1. Entity Name
LOTSLOTS, L.L.C.



Principal Place of Business
2240 PALM BEACH LAKES BLVD
SUITE 400
WEST PALM BEACH, FL 33409

Mailing Address
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0087571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINNS, MYLES
2240 PALM BEACH LAKES BLVD., STE 400
WEST PALM BEACH, FL 33409

**DO NOT WRITE
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, 2007**

000000729130
05/08/07-80028-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MINNS, MYLES
STREET ADDRESS	2240 PALM BEACH LAKES BLVD, STE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #