


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90025 027 \*\*\*138.75

**DOCUMENT # L03000034253**

1. Entity Name  
 LOT 353, LLC



Principal Place of Business  
 19286 CLOISTER LAKE LANE  
 BOCA RATON, FL 33498

Mailing Address  
 19286 CLOISTER LAKE LANE  
 BOCA RATON, FL 33498

50010324



2. Principal Place of Business - No P.O. Box #  
 CLOPOLN, DAVID  
 Suite, Apt. #, etc.  
 2700 N MILITARY TRAIL #230

3. Mailing Address  
 CLOPOLN, DAVID  
 Suite, Apt. #, etc.  
 2700 N MILITARY TRAIL #230

06182008 Chg-LLC CR2E083 (12/06)

City & State  
 BOCA RATON FL

City & State  
 BOCA RATON, FL

Zip  
 33431

Country  
 USA

Zip  
 33431

Country  
 USA

4. FEI Number  
 20-0235396

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POLEN, DAVID  
 2700 NORTH MILITARY TRAIL  
 SUITE 230  
 BOCA RATON, FL 33431

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

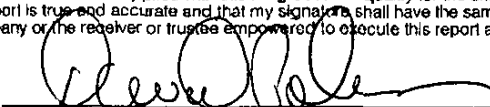
**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLEN, DAVID 2700 N. MILITARY TRAIL #230 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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

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:  9/2/08 561-241-2425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #