

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037912

FILED
May 07, 2009
Secretary of State

Entity Name: LOTS OF LAND REALTY, LLC

Current Principal Place of Business:

2727 DANFORTH TERRACE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

2727 DANFORTH TERRACE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-0315882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RESTIVO, SUZANNE
2727 DANFORTH TERRACE
WELLINGTON, FL 33414 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAUDELL, TYLER
Address: 2593 E. COMMUNITY DR.
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: RESTIVO, SUZANNE
Address: 2727 DANFORTH TERRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR () Delete
Name: CAUDELL, BRADLEY
Address: 2593 E. COMMUNITY DR.
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE RESTIVO

MM

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date