


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 26 AM 10:00

DOCUMENT # L04000069043
1. Entity Name
FLORIDA LOTS LLC



Principal Place of Business: 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789
Mailing Address: P.O. BOX 508 WINTER PARK, FL 32790

DO NOT WRITE IN THIS SPACE



07202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number: 58-2683924 Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SEYBOLD, LOUIS
400 N. NEW YORK AVE., SUITE 108
WINTER PARK, FL 32789

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by September 14, 2007

700106819097
07/27/07--01035--002 **900.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM SEYBOLD, LOUIS R 400 N NEW YORK AVENUE, SUITE 108 WINTER PARK, FL 32789
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BLT

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: _____ Date: 7-20-07 Daytime Phone #: 407-274-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE


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