

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90015 035 \*\*\*143.75

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000069043</b>            |  |
| 1. Entity Name<br><b>FLORIDA LOTS LLC</b> |                                                                                   |

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>400 N. NEW YORK AVE., SUITE 108<br/>WINTER PARK, FL 32789</b> | Mailing Address<br><b>P.O. BOX 508<br/>WINTER PARK, FL 32790</b> |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

**60028366**

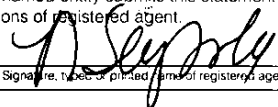


04142008 Chg-LLC CR2E083 (12/06)

|                                                                                                               |                                                        |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>58-2683924</b>                                                                            | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

|                                                                            |  |                                                    |             |
|----------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent        |             |
| SEYBOLD, LOUIS<br>400 N. NEW YORK AVE., SUITE 108<br>WINTER PARK, FL 32789 |  | Name <b>Nicole Hiers Seybold</b>                   |             |
|                                                                            |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                            |  | <b>SAME</b>                                        |             |
|                                                                            |  | 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  **Nicole Hiers Seybold** **04-14-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                               |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                                          | 10. ADDITIONS/CHANGES                          |                                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MM<br/>SEYBOLD, LOUIS R<br/>400 N NEW YORK AVENUE, SUITE 108<br/>WINTER PARK, FL 32789</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SEYBOLD, NICOLE HIERS<br/>&gt; SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **Nicole Hiers Seybold** **04-14-08** **407-294-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #