2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069043



FILED

Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90015 035 ***143.75 1. Entity Name FLORIDA LOTS LLC Principal Place of Business Mailing Address 60028366 400 N. NEW YORK AVE., SUITE 108 P.O. BOX 508 WINTER PARK, FL 32790 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 58-2683924 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nico<u>le</u> SEYBOLD, LOUIS 400 N. NEW YORK AVE., SUITE 108 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 City Zip Code FL 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 Nicole Hiers Seybold **SIGNATURE** FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ММ TITLE Delete TITLE Change ■ Addition SEYBOLD, NICOLE HIERS NAME SEYBOLD, LOUIS R NAME STREET ADDRESS 400 N NEW YORK AVENUE, SUITE 108 STREET ADDRESS) SAME WINTER PARK, FL 32789 CITY-ST-7tP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

04-14-08 Nicole Hiers