## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## May 09, 2007 8:00 am Secretary of State DOCUMENT # L05000003579 1. Entity Name 05-09-2007 90033 034 \*\*\*\*50.00 SELECT LOTS, LLC Principal Place of Business Mailing Address 211 E. INTERNATIONAL SPEEDWAY BOULEVA 211 E. INTERNATIONAL SPEEDWAY BOULEVA SUITE 101 SUITE 101 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc 1st MOORE CR2E083 (10/06) Cily & State City & State 4. FEI Number Applied For 20-2152855 Not Applicable 7in Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMON, URSULA Street Address (P.O. Box Number is Not Acceptable) 211 E. INTERNATIONAL SPEEDWAY BOULEVARD SUITE 101 DAYTONA BEACH FL 32118 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES OTTE MGR ☐ Defele 11113 ☐ Change Addition NAME AMON, FELIX NAMI STREET ADDRESS STREET ADDRESS 211 E INT'L SPEEDWAY BLVD CHY ST-ZIP CHY ST ZIP DAYTONA BEACH FL 32118 DHI Delete ☐ Change **Addition** Ursula Amon NAMI NAME 211 E. International Speedway Blvd. STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32118 CHY+SI-ZIP CHY ST-7IP HILE ☐ Delete THIE Change ☐ Addition NAMI NAM <del>---</del> 1 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition NAMí NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY ST-ZIP ☐ Delete 11111 TITLE Change Addition NAME NAMI STREET ADDRESS STREET LADDRESS CHY-SI-ZIP CITY ST-ZIP HHE ☐ Delete ☐ Change ■ Addition намі STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. 4/25/07 386-257-0200 Ursula Amon

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

FILED

Date

Davime Phone #