

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 03, 2006 8:00 am
Secretary of State

03-02-2006 90135 041 ****50.00

DOCUMENT # L05000028089	
1. Entity Name FLORIDA VACANT LOT COMPANY, LLC	

Principal Place of Business 680 OSCEOLA AVENUE WINTER PARK, FL 32789 US	Mailing Address 680 OSCEOLA AVENUE WINTER PARK, FL 32789 US
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30003947



2. Principal Place of Business 325 S. Orlando Ave. Suite, Apt. #, etc. Bldg. 1 Suite 4 City & State Winter Park, FL Zip 32789 Country US	3. Mailing Address 325 S. Orlando Ave. Suite, Apt. #, etc. Bldg. 1 Suite 4 City & State Winter Park, FL Zip 32789 Country US
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01052006 Chg-LLC CR2E083 (11/05)

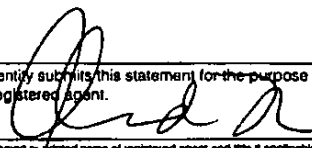
4. FEI Number 68-0626114	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KROT, ALEXANDRA 680 OSCEOLA AVENUE WINTER PARK, FL 32789

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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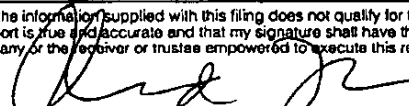
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KROT, ALEXANDRA 680 OSCEOLA AVENUE WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 Daytime Phone #