2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L05000067081

Entity Name: LOTSALES, LLC

Current Principal Place of Business:

2334 S. W. FERN CIRCLE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

2334 S. W. FERN CIRCLE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUFFIELD, RICHARD P JR.
2334 S. W. FERN CIRCLE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DUFFIELD, RICHARD P JR.	
Address:	2334 S. W. FERN CIRCLE	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	
Title:	MGR	(X) Delete
Name:	COON, JENNIFER	
Address:	1262 S.W. SEAHAWK WAY	
City-St-Zip:	PALM CITY, FL 34990 US	
Title:	MGRM	( ) Delete
Name:	DUFFIELD, MARISTELA B	
Address:	2334 S. W. FERN CIRCLE	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD P. DUFFIELD JR. MGRM 03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date