2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071682

Entity Name: LOTS OF RETURNS, L.L.C.

WILLIAMS, BRYCE

NUTLEY, NJ 07110

337 WILSHIRE DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17801 MURDOCK CIRCLE, SUITE C PORT CHARLOTTE, FL 33948 **Current Mailing Address: New Mailing Address:** 17801 MURDOCK CIRCLE, SUITE C PORT CHARLOTTE, FL 33948 FEI Number: 20-3182187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WUNDER, JAY 17801 MURDOCK CIRCLE, SUITE C PORT CHARLOTTE, FL 33948 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WUNDER JAY Name: Name: 17801 MURDOCK CIRCLE, SUITE C Address: Address: PORT CHARLOTTE, FL 33948 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SPADAFORA, JOSEPH Name: Name: Address: 317 SEVERIN ROAD Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BATZER, JON Name: Name: 5030 SOUTHERN PINE CIRCLE Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HINTZ, MARCO Name: Address: 1264 WHITE OAK TRAIL Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAY WUNDER MGRM 04/29/2007