

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90258 023 ****50.00

DOCUMENT # L05000092437

1. Entity Name
LOTS OF LOTS LLC



Principal Place of Business
**400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118**

Mailing Address
**400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118**

00040133



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04252007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-3986623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRETZEL, MICHAEL R
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118**

Name **LAWRENCE D FORD**

Street Address (P.O. Box Number is Not Acceptable)

699 MASON AVENUE STE B

City **Daytona Beach**

FL

Zip Code **32117**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2007

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **BRETZEL, MICHAEL R**
STREET ADDRESS **400 SEABREEZE BLVD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **BENEVENTO, RAYMOND M**
STREET ADDRESS **699 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **HERITAGE FUNDING GROUP INC**
STREET ADDRESS **699 MASON AVENUE STE B**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

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

Date

Daytime Phone #

4/30/2007

386-226 7060