

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90067 012 ****55.00

DOCUMENT # L06000063343	
1. Entity Name LOT 9 SPE LLC	

Principal Place of Business 95 FOREST AVE. LOCUST VALLEY, NY 11560	Mailing Address 95 FOREST AVE. LOCUST VALLEY, NY 11560
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30008568



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122007 Chg-LLC - CR2E083 (12/06)

6. Name and Address of Current Registered Agent LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD. STE 235 BOCA RATON, FL 33431-7330
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4. FEI Number	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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 MANAGING MEMBER ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE	TITLE
NAME Terri A. Keddy	NAME	NAME	NAME
STREET ADDRESS 95 Forest Ave	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP Locust Valley NY 11560	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-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 individual or entity 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

3/30/07

Date

516-658-3100

Daytime Phone #