

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-12-2008 90237 003 ***138.75

DOCUMENT # L07000065823					
1. Entity Name NC LOTS LLC					
Principal Place of Business 5200 NORTH FLAGLER DRIVE, UNIT PH 2 C/O O. EARLE YOUNG, JR., PLACIDO MAR CONDO WEST PALM BEACH, FL 33407			Mailing Address 5200 NORTH FLAGLER DRIVE, UNIT PH 2 C/O O. EARLE YOUNG, JR., PLACIDO MAR CONDO WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 100			
City & State		City & State HIGHLANDS, NC			
Zip	Country	Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		28741	USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'CONNELL, PHIL D JR 515 N. FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, O. EARLE JR 5200 NORTH FLAGLER DRIVE, UNIT PH 2 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: X Oliver Earle Young		3/7/08 (561) 881-3063			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			

ATTACHMENT
LAW OFFICES
CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

30004051

515 NORTH FLAGLER DRIVE
WEST PALM BEACH, FLORIDA 33401
TELEPHONE (561) 832-5900

PHIL D. O'CONNELL, JR., P.A.
EMAIL: POCONNELL@CASEYCIKLIN.COM

DIRECT DIAL LINE: (561) 820-0380
TELECOPIER: (561) 833-4209

April 14, 2008

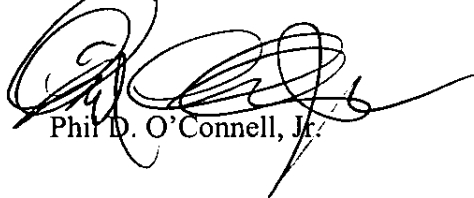
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

RE: NC Lots LLC - #07000065823

Dear Sir/Madam:

Enclosed is 2008 Annual Report for captioned limited liability company. The original filing was returned for lack of an FEI Number. As a sole member LLC no FEI Number is required and the appropriate box has been checked.

Sincerely,



Phil D. O'Connell, Jr.