## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Molling Actives 2 200 NORTH FLACER DRIVE, UNIT PH 2 CO 0 EARLE YOUNG, R. PLACIDO MAR CONDO WEST PALM BEACH, FL 33407  2. Principal Place of Business - No P.O. Box # 3. Mailing Address - No P.	DOCUMENT # L07000065823  1. Entity Name NC LOTS LLC							03-12-2008	3 90237 (	003 ***1	38.75
\$200 NORTH FLAGLER RORY, LINIT PH 2 COD - SERIE FOUNDER, PLAGIDO MAR CONDO WEST PALM BEACH, FL 33407   \$200 NORTH FLAGLER RORY, LINIT PH 2 COD - SERIE FOUNDER, PLAGIDO MAR CONDO WEST PALM BEACH, FL 33407   \$3. Mailing Address   \$3. Canificato of Status Deavod   \$5. Sp.00 Additional Fire Registered Agent   \$3. Mailing Address of Current Registered Agent   \$3. Mailing Address of Nava Registered Agent   \$3. Mailing Address of Nava Registered Agent   \$3. Mailing Address of Nava Registered Agent   \$3. Mailing Address (P.O. Box Number is Nat Acceptable)   \$3. Mailing Address of Nava Registered Agent   \$3. Mailing Address (P.O. Box Number is Nat Acceptable)   \$3. Mailing Address (P.O. Box Number is Nat Acceptable)   \$3. Mailing Address   \$3. Mailing Address (P.O. Box Number is Nat Acceptable)   \$3. Mailing Address (P.O. Box Number is Nat Acceptable)   \$3. Mailing Address   \$3. Mailing Address (P.O. Box Number is Nat Acceptable)   \$3. Mailing Address   \$3. Mai	Principal Plac	e of Busines	IS.	Mailing Address		-	1				
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CRy & Size	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Tight LAND    Country   2pg 7 4   Country	Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box		0X 100	04112008	Chg-LLC	CR2E0			
Name and Address of Current Registered Agent		City & State		HIGH LANDS,		NC	4. FEI Numbe	er	·	-	
Name Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and life it applicable.  SIGNATURE  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS  III.  MAKE  YOUNG, O. EARLE JR  YOUNG, O. EARLE JR  YOUNG, O. EARLE JR  YOUNG, O. EARLE JR  WEST PALM BEACH, FL 33407  III.E  MAKE  SIRE! ADDRESS  CITY-ST-2IP  III.E  MAKE  MAKE  SIRE! ADDRESS  CITY-ST-2IP  III.E  MAKE  SIRE! ADDRESS  CITY-ST-2IP  III.E  MAKE  MAKE  MAKE  SIRE! ADDRESS  CITY-ST-2IP  MAKE  SIRE! ADDRESS  CITY-ST-2IP  MAKE  SIRE! ADDRESS  CITY-ST-2IP  SIRE! ADDRESS  CITY-ST-2IP  SIRE! ADDRESS  CITY-ST-2IP  SIRE! ADDRESS  CITY-ST-2IP  SIRE!	Zip		Country	2º8741	Countr U S	<sup>S</sup> A	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name	and Address of Current R	Registered Agunt			7. Name and	Address of New R	egistered A	gent -	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co	O'CONNE		ח ום		İ	Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature, hard or private name of registered agent and the ill applicable.   (NOTE Registered Agent agrature required when retireating)	515 N. FLA	AGLER DI	RIVE, 19TH FLOOR		Street Address (			er is Not Acceptable	)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Indicate   Indica			•		-	City				Zin Cod	е
SIGNATURE  Signature, Typed or printed name of registered agent and life if applicable.  **THE NOWILL FEE IS \$138.75  **After May 1, 2008 Fee will be \$538.75  ****  ****  ****  ***  ***  ***  **											
NOTE Repaired Agent sequence (NOTE Repaired Agent sequence when reinstating)   DATE				the purpose of changing its re-	gistered	d office or register	ed agent, or bo	th, in the State of Flo	rida. I am f	amiliar with,	and accept
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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	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM YOUNG, 5200 NO	MANAGING MEMBER  O. EARLE JR  RTH FLAGLER DRIVE, U	Delete  Delete  Delete  Delete  Delete  Delete	TITLE NAME STREET CITY-S TITLE NAME STREET -NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		Florida	Departme	Change Change Change	Addition  Addition  Addition  Addition
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, 5200 NOI WEST PA	MANAGING MEMBER  O. EARLE JR  RTH FLAGLER DRIVE, U  ALM BEACH, FL 33407	Delete  Delete  Delete  Delete  Delete  Delete  Delete	TITLE NAME STREET CITY-S TITLE NAME STREET NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  T ADDRESS ST-ZIP	nade under oath	Florida Statutes. I function that I am a manac	CHANGES	Change  Change  Change	Addition  Addition  Addition  Addition  Addition

ATTACHMENT

## 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.