

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 15, 2008  
Secretary of State**

DOCUMENT# L07000103694

Entity Name: FELIX LOTS, LLC

**Current Principal Place of Business:**

1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12159  
DAYTONA BEACH, FL 32120 US

**New Mailing Address:**

FEI Number: 13-2369023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNETT, RANDOM R  
1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: BURNETT, RANDOM R  
Address: 1825 BUSINESS PARK BLVD., SUITE A  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM ( ) Delete  
Name: SIMS, G. LARRY  
Address: 501 N. GRANDVIEW AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SIMS, G. LARRY  
Address: 501 N. GRANDVIEW AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

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.

SIGNATURE: RANDOM R. BURNETT

MGRM

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date