


DOCUMENT # P95000034389

1. Entity Name

LOTUS PROPERTIES COMPANY OF CENTRAL FLORIDA, INC

340000



Principal Place of Business	Mailing Address
200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432	200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-3321896	Applied For
		No: Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
<p>PEREZ, H.A. TICO 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432</p>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstalling) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DPS PEREZ, H.A. TICO 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

[illegible]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: [Signature] 4/26/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)

Attachment
#P95000034389

548826

BAKER
&
HOSTETLER LLP
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNTRUST CENTER, SUITE 2300 • P.O. Box 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000
FAX (407) 841-0168
WRITER'S DIRECT DIAL NUMBER
April 26, 2001

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

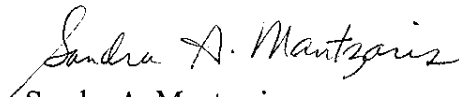
Re: 2001 Uniform Business Report for Lotus Properties Company of Central Florida,
Inc.

Dear Sir or Madam:

Enclosed please find the 2001 Profit Corporation Uniform Business Report for the
above-referenced entity. Also enclosed is a check in the amount of \$150.00 to cover the cost of
the filing fee.

If you have any questions regarding this matter, please do not hesitate to contact
our office.

Very truly yours,


Sandra A. Mantzaris

Legal Assistant, Corporate Maintenance

Enclosures

cc: Tico A. Perez, Esq. (w/o encls.)