2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L05000002547

Entity Name: LOW COSTA, LLC

Current Principal Place of Business:

8230 PLANTERS KNOLL TER
UNIVERSITY PARK, FL 34201 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 51406
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 20-2154115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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:	P	( ) Delete
Name:	ASP, RICHARD C	
Address:	PO BOX 51406	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	ASP, RICHARD	
Address:	PO BOX 51406	
City-St-Zip:	SARASOTA, FL 34232	
Title:	S	( ) Delete
Name:	ASP, JOELANNE	
Address:	PO BOX 51406	
City-St-Zip:	SARASOTA, FL 34232	
Title:	T	( ) Delete
Name:	ASP, JOELANNE	
Address:	PO BOX 51406	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	ASP, JOELANNE	
Address:	PO BOX 51406	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES:

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

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: RICHARD C ASP PRES 04/15/2008

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