2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000001

Entity Name: LOWE DESTINATION DEVELOPMENT, INC.

FILED Jul 10, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
	VICENTE BL LES, CA 900	VD., SUITE 900 49							
Current Mailing Address:				New Mailing Address:					
11777 SAN VICENTE BLVD., SUITE 900 LOS ANGELES, CA 90049									
FEI Number: 9	95-4670898	FEI Number Applied For()	FEI Number No	t Applicable ()	Certificate of Status Desired ()				
Name and	Address of C	urrent Registered Agent:	Name	and Address o	of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US									
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.									
SIGNATUR									
	Electron	ic Signature of Registered Age	ent		Date				
Election Cam		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS:	•		ES TO OFFICERS AND DIRECTORS	s:			
Title: Name: Address: City-St-Zip:	LOWE, ROBER	ENTE BLVD., SUITE 900	Title: Name: Addres: City-St-		() Change () Addition				
Title: Name: Address: City-St-Zip:	POLADIAN, AVI	ENTE BLVD., SUITE 900	Title: Name: Addres: City-St-		() Change () Addition				
Title: Name: Address: City-St-Zip:	LARSEN, LEAN	ENTE BLVD., SUITE 900	Title: Name: Addres: City-St-		(X) Change () Addition , JOHN I VICENTE BLVD., SUITE 900 LES, CA 90049				
Title: Name: Address: City-St-Zip:	TV () WETHE, WILLI 11777 SAN VIC LOS ANGELES	AM T ENTE BLVD., SUITE 900	Title: Name: Addres: City-St-		() Change () Addition				
Title: Name: Address: City-St-Zip:	ALLEN, JEFFR	CENTE BLVD #900	Title: Name: Addres: City-St-		() Change () Addition				
Title: Name: Address: City-St-Zip:	ISERI, LEONAF	CENTE BLVD #900	Title: Name: Addres: City-St-		() Change () Addition				

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

	Flacture is Circuit and Circui		Data	
SIGNATURE:	DONA TANAKA	AS	07/10/2008	