## 2005 LIMITED LIABILITY CÔMPĂNY ANNUAL REPORT

## Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # L02000002525 1. Entity Name CLYDE E. LOWER & ASSOCIATES, LLC Principal Place of Business Mailing Address 2531-B NW 41ST STREET **2531-B NW 41ST STREET** GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 US 02242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3591181 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent LOWER, CLYDE E DO NOT WRITE **2531-B NW 41ST STREET** GAINESVILLE, FL 32606 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and lifts if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE LOWER, CLYDE E U0000HP55675 2531-B NW 41ST STREET STREET ADDRESS 03/08/05-80025-002 50.00 CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY - ST - ZIP

Date

**FILED**