## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 12, 2006 08:00 AM Secretary of State **DOCUMENT # L03000032623** 1. Entity Name LOOWIGSBURG LLC Principal Place of Business Mailing Address 903 THOMAS ST 903 THOMAS ST KEY WEST, FL 33040 KEY WEST, FL 33040 04082006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1606860 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LASSEL. WILHELM 903 THOMAS ST KEY WEST, FL 33040 IN THIS SPACE 8. The above named entity submits this statement for the gurpose 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 4/07/06 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE LASSEL, DIANA L NAME STREET ADDRESS 903 THOMAS ST U00000505751 CITY-ST-ZIP KEY WEST, FL 33040 04/26/06-80129-005 50.00 TIFLE NAME STREET ADDRESS CTTY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED** 

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 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.

CITY-ST-ZIP