


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047158 1. Entity Name LOWMANPROVEMENT, LLC	
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Principal Place of Business 1325 BRANCH HILL COURT APOPKA, FL 32712	Mailing Address 1325 BRANCH HILL COURT APOPKA, FL 32712
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01212005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0417101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MIRTHA V CPA
 420 SOUTH COUNTRY CLUB ROAD
 LAKE MARY, FL 32746

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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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

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 02/02/05 08:19 022.50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWMAN, FRED 1325 BRANCH HILL CT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWMAN, DEBRA 1325 BRANCH HILL CT APOPKA, FL 32712
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11. 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 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.

SIGNATURE: Debra Lowman 1/26/05 407 889-8564
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #