


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047158**

1. Entity Name  
**LOWMANPROVEMENT, LLC**



|   |   |
|---|---|
| Principal Place of Business<br>13751 DEER CHASE PLACE<br>JACKSONVILLE, FL 32224 | Mailing Address<br>13751 DEER CHASE PLACE<br>JACKSONVILLE, FL 32224 |
|---|---|

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC      CR2E083 (11/05)

|                             |                |
|-----------------------------|----------------|
| 4. FEI Number<br>20-0417101 | Applied For    |
|                             | Not Applicable |

5. Certificate of Status Desired        **\$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, 2007

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LOWMAN, FRED<br>13751 DEER CHASE PLACE<br>JACKSONVILLE, FL 32224  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LOWMAN, DEBRA<br>13751 DEER CHASE PLACE<br>JACKSONVILLE, FL 32224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 01/18/07-80049-017-50:00

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Debra Lowman      1/16/07      904 992-4896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #