


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 13751 DEER CHASE PLACE JACKSONVILLE, FL 32224 | Mailing Address 13751 DEER CHASE PLACE JACKSONVILLE, FL 32224 |
|---|---|



01032007 No Chg-LLC CR2E083 (11/05)

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| | |
|---|---------------------------------------|
| 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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

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