


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90079 028 ****50.00

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DOCUMENT # L04000032963					
1. Entity Name MYRTLE LOWE PROPERTIES, LLC					
Principal Place of Business 1818 BRIGHTWATERS BLVD ST. PETERSBURG, FL 33704			Mailing Address 1818 BRIGHTWATERS BLVD ST. PETERSBURG, FL 33704		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2709732				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Declined <input type="checkbox"/> \$5.00 Additional Fee Required				07282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBBINS, R. JAMES JR 101 E. KENNEDY BLVD STE. 3700 TAMPA, FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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)					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	Manager <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Charles O. Lowe	NAME			
STREET ADDRESS	1818 Brightwaters Road	STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg, FL 33704	CITY-ST-ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	C. Eugene Lowe	NAME			
STREET ADDRESS	500 - Harbison Blvd Apt. 1310	STREET ADDRESS			
CITY-ST-ZIP	Columbia, SC 29212	CITY-ST-ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Judith L. Wells	NAME			
STREET ADDRESS	519 Smithstone Trace	STREET ADDRESS			
CITY-ST-ZIP	Marietta, GA 30067	CITY-ST-ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Katherine L. Carreker	NAME			
STREET ADDRESS	2678 Riderwood Drive	STREET ADDRESS			
CITY-ST-ZIP	Decatur, GA 30033	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Charles O. Lowe</i>				Date: <i>August 1, 2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	