

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90024 023 \*\*\*\*50.00

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

60032370



2. Principal Place of Business - No P.O. Box #  
 1818 Brightwaters Blvd., NE  
 Suite, Apt. #, etc.

3. Mailing Address  
 1818 Brightwaters Blvd., NE  
 Suite, Apt. #, etc.

03282007 Chg-LLC CR2E083 (12/06)

City & State  
 St. Petersburg, FL

City & State  
 St. Petersburg, FL

Zip  
 33704

Country  
 USA

4. FEI Number  
 20-2709732

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, R. JAMES JR  
 101 E. KENNEDY BLVD STE. 3700  
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent as Title 1 applicable. (NOTE: Registered Agent signature is required when constituting)

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOWE, CHARLES O 1818 BRIGHTWATERS ROAD SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOWE, C. EUGENE 500 HARBISON BOULEVARD SUITE 1310 COLUMBIA, SC 29212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WELLS, JUDITH L 519 SMITHSTONE TRACE MARIETTA, GA 30067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARREKER, KATHERINE L 2678 RIDERWOOD DRIVE DECATUR, GA 30033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1818 Brightwaters Blvd., NE
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 837 Irmo, SC 29063
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 727-894-5394 Charles O. Lowe April 3, 2007 Charles O. Lowe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE