FILED
Apr 21, 2005 8:00 am
Secretary of State
04-04-2005 90422 002 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037039

1. Entity Name
LOWE COMMERCIAL VENTURES, LLC

Principal Place of Business	Mailing Address
6753 KINGSPOINTE PARKWAY STE. 111 ORLANDO, FL 32819	6753 KINGSPOINTE PARKWAY STE. 111 ORLANDO, FL 32819

30004089

2. Principal Place of Business		3. Mailing Address	
		PO Box 340	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Windermere FL	
Zip	Country	Zip 32819	Country USA

01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1351270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWE, KERI K 6753 KINGSPOINTE PARKWAY STE. 111 ORLANDO, FL 32819	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 [signature] 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/PRES.DENT KERi LOWE 3441 BAY MEADOW CT. WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TOM LOWE 3441 BAY MEADOW CT WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] KERi LOWE 3/30/05 407.352.0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #