

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90015 014 \*\*\*\*55.00

**DOCUMENT # L04000037039**

1. Entity Name  
**LOWE COMMERCIAL VENTURES, LLC**



Principal Place of Business  
**6753 KINGSPORTE PARKWAY STE. 111  
ORLANDO, FL 32819**

Mailing Address  
**P O BOX 340  
ORLANDO, FL 32819  
WINDERMERE FL 34786**

40001001



04262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**LOWE, KERI K  
6753 KINGSPORTE PARKWAY STE. 111  
ORLANDO, FL 32819**

**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 Keri Lowe KERI LOWE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/06

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	CP
NAME	LOWE, KERI
STREET ADDRESS	3441 BAY MEADOW CT
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	CEO
NAME	LOWE, TOM
STREET ADDRESS	3441 BAY MEADOW CT
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

IN RENEWING OUR 2006 ANNUAL  
REPORT, I NOTICED THAT THE  
CITY + ZIP IN OUR MAILING ADDRESS  
HAD BEEN ENTERED INCORRECTLY  
FROM WHAT WE HAD ORIGINALLY  
SUBMITTED;

THE PRINCIPAL PLACE OF  
BIZ ADDRESS IS CORRECT.

PLEASE CORRECT OUR  
MAILING ADDRESS. THANK YOU.  
KERI LOWE

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: Keri Lowe KERI LOWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/06

Date

(407) 352-0550

Daytime Phone #