



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L04000037039 1. Entity Name LOWE COMMERCIAL VENTURES, LLC	
--	---

Principal Place of Business 6753 KINGSPONTE PARKWAY STE. 111 ORLANDO, FL 32819	Mailing Address P O BOX 340 ORLANDO, FL 32819
--	---

DO NOT WRITE IN THIS SPACE



04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1351270	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOWE, KERI K 6753 KINGSPONTE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LOWE, KERI 3441 BAY MEADOW CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOWE, TOM 3441 BAY MEADOW CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000762963 05/29/07-80035-002 55.00</p> DO NOT WRITE IN THIS SPACE
--

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 4/29/07 407352 0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #