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Secretary of State

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006668

1. Entity Name
SCOTT LOWRY RENOVATIONS, LLC

Principal Place of Business
416 PEPPERTREE TERRACE
PENSACOLA, FL 32506

Mailing Address
416 PEPPERTREE TERRACE
PENSACOLA, FL 32506

2. Principal Place of Business
416 Peppertree Terrace
Suite, Apt. #, etc.

3. Mailing Address
416 Peppertree Terrace
Suite, Apt. #, etc.

City & State: Pensacola FL
Zip: 32506
Country: ESCAMBIA

City & State: Pensacola FL
Zip: 32506
Country: ESCAMBIA

4. FEI Number: 32-004-7647
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LOWRY, SCOTT
416 PEPPERTREE TERRACE
PENSACOLA, FL. 32506

7. Name and Address of New Registered Agent
Name: Scott Lowry
Street Address (P.O. Box Number is Not Acceptable)
416 Peppertree Terrace
City: Pensacola FL Zip Code: 32506

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: Scott Lowry — July 30 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOWRY, SCOTT	NAME	
STREET ADDRESS	416 PEPPERTREE TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Scott Lowry — July 30 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #