FILED
Aug 25, 2005 8:00 am
Secretary of State
08-01-2005 90093 035 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006668

1. Entity Name
SCOTT LOWRY RENOVATIONS, LLC

30010843

Principal Place of Business	Mailing Address
416 PEPPERTREE TERRACE PENSACOLA, FL 32506	416 PEPPERTREE TERRACE PENSACOLA, FL 32506

07142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
416 Peppertree Terrace	416 Peppertree Terrace
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32506 Country: Escambia	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 L[signature] DATE: July 30 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWRY, SCOTT 416 PEPPERTREE TERRACE PENSACOLA, FL 32506	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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 L[signature] July 30 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #