

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90068 045 ****50.00

DOCUMENT # L05000007189

1. Entity Name
LOWE INVESTMENT PROPERTIES, LLC



Principal Place of Business
**9951 ATLANTIC BLVD STE. 301
JACKSONVILLE, FL 32225**

Mailing Address
**1376 QUARTZ HILL LN
ESCONDIDO, CA 92027**

2. Principal Place of Business

2602 UNIVERSITY BLVD

3. Mailing Address

2456 MALLORY HILLS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-LLC CR2E083 (11/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

84-1673511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWE, WILLIAM BRUCE
9951 ATLANTIC BLVD STE. 301
JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2602 UNIVERSITY BLVD WEST

City **JACKSONVILLE**

FL

Zip Code

32217

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 William Bruce Lowe WILLIAM BRUCE LOWE

3-27-06

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LOWE, WILLIAM BRUCE**
STREET ADDRESS **592 S. ELLIS ROAD, SUITE 110**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **MGRM** ☐ Delete
NAME **LOWE, MARILINDA L**
STREET ADDRESS **3700 S. WEST PORT AVE #2123**
CITY-ST-ZIP **SIOUX FALLS, SD 57106**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2602 UNIVERSITY BLVD WEST**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2602 UNIVERSITY BLVD WEST**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: William Bruce Lowe WILLIAM BRUCE LOWE 3-27-06 904-693-4111

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

Date

Daytime Phone #