## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## DOCUMENT # L05000056829

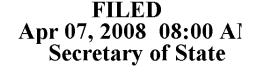
1. Entity Name

SONDRA SHARON LOWRY, LLC



Principal Place of Business

Mailing Address



258 BELL TOWER CROSSING WEST KISSIMMEE FL 34759		258 BELL TOWER CROSSING WEST KISSIMMEE FL 34759								
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt.	#. etc.	Suite, Apt. #, etc			1s	1st MOORE CR2E083 (10/07)				
City & Stat	e	City & State			4. FEI Nump	er 01-085221	2		plied For Applicable	
Zip	Country	Zip	Zip Court		5. Certificate	of Status Desired		55.00 Add	itional	
	6. Name and Address of Curre	nt Registered Agent	·····		7. Name and	Address of New	Registered A	gent		
LOWRY, SONDRA S 258 BELL TOWER CROSSING WEST KISSIMMEE FL 34759				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Z-p Code	•	
	named entity submits this statement ions of registered agent.	for the purpose of changing i	its registere	ed office or reg	istered agent, or bo	th, in the State of F		miliar with.	and accept	
SIGNATURE    Signature Typed or printed name of ring sternal agent and the Toppication (NOTE Royalered Agent signature required when remarking) DATE									<u>.</u>	
		After May 1 Make Check Paya	, 2008, F	EE IS \$138. Fee Will Be \$ orida Depart	538.75					
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS	S/CHANGES			
THE NAME	MGRM LOWRY, SONDRA S	Delete .	TITLE NAM	i		U00000	<i>1</i> 885848 -	☐ Change	☐ Addit:en	
STREET ADDRESS CITY-ST-ZIP	258 BELL TOWER CROSSING WEST STRI			ET ADDRESS -ST-ZIP		04/18/08-80030-022 138.75				
TOTLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	1					Change	Addition	
THEE	A A A A A A A A A A A A A A A A A A A	☐ Delete	Title		<del></del>	***************************************		Change	Addition	
NAME STREET ADDRESS		LI Delate	nam Stre	E ET ALOPESS				onenge	Addinivi	
CITY-ST-ZIP				-ST-ZiP				<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		1				☐ Change	Addition	
TITLE NAME STACET ADDHESS CITY+ST+ZIP		☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP		□ Delate		<u> </u>				☐ Change	Addition	
							<del></del>			

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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:

OR AUTHORIZED REPRESENTATIVE