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May 03, 2006 8:00 am
Secretary of State
04-20-2006 90037 007 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000095097

1. Entity Name
LORD, LORD & BOWERS, LLC

30006941

1st MOORE CR2E083 (10/05)

Principal Place of Business	Mailing Address
~~477 PICKFORD POINT LONGWOOD FL 32779~~ CB	~~PO BOX 608877 ORLANDO FL 32860~~ CB

2. Principal Place of Business	3. Mailing Address
17029 FLORENCE VIEW DR.	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MONTVERDE, Fl 34756	City & State
Zip: 34756 Country: LAKE	Zip / Country

4. FEI Number — Applied For / ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOWERS, CLAUD ~~477 PICKFORD POINT~~ ~~LONGWOOD FL 32779~~	Name: CLAUD BOWERS Street Address (P.O. Box Number is Not Acceptable): 17029 FLORENCE VIEW DR. City: MONTVERDE FL Zip Code: 34756

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CLAUD BOWERS 477 PICKFORD PT LONGWOOD, FL. 32779 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Only Member ☐ 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 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 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 [signature] 3-30-06 407-810-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #