

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097558

FILED  
Jun 21, 2008  
Secretary of State

Entity Name: LOWLEVEL INVESTMENTS, LLC

**Current Principal Place of Business:**

16880 SW 59TH CT  
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

16880 SW 59TH CT  
SOUTHWEST RANCHES, FL 33331

**New Mailing Address:**

FEI Number: 56-2545500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEWKOWICZ, AUGUSTO D  
16880 SW 59TH CT  
SOUTHWEST RANCHES, FL 33331      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LEWKOWICZ, AUGUSTO D  
Address: 16880 SW 59TH CT  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGRM      ( ) Delete  
Name: LEWKOWICZ, AUGUSTO D  
Address: 16880 SW 59TH CT  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANNY LEWKOWICZ

MR

06/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date