

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060314

Entity Name: MCRAY & LOWELL, PLLC

**FILED**  
**Jan 17, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

P O BOX 2111  
WINTER PARK, FL 327902111 US

**New Principal Place of Business:**

222 W COMSTOCK AVE, SUITE 204  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

P O BOX 2111  
WINTER PARK, FL 327902111 US

**New Mailing Address:**

222 W COMSTOCK AVE, SUITE 204  
WINTER PARK, FL 32789 US

FEI Number: 20-5364161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARY T KOGUT LOWELL, PA  
768 S PENNSYLVANIA AVE  
WINTER PARK, FL 32789 US

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

MARY T KOGUT LOWELL, PA  
222 W COMSTOCK AVE, SUITE 204  
WINTER PARK, FL 32789 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:

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARY T KOGUT LOWELL,, PA  
Address: P O BOX 2111  
City-St-Zip: WINTER PARK, FL 327902111 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARY T KOGUT LOWELL,, PA  
Address: 222 W COMSTOCK AVE, SUITE 204  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY T KOGUT LOWELL

MM

01/17/2007

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