

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083086

FILED
Sep 09, 2007
Secretary of State

Entity Name: LOWCOUNTRY PRIVATE LENDING, LLC

Current Principal Place of Business:

3173 PINE ST.
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

3713 PINE ST.
JACKSONVILLE, FL 32205 US

Current Mailing Address:

3173 PINE ST.
JACKSONVILLE, FL 32205 US

New Mailing Address:

3713 PINE ST.
JACKSONVILLE, FL 32205 US

FEI Number: 20-5473295 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:

CLONTZ, BRYAN K
3173 PINE ST.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: CLONTZ, BRYAN K
Address: 3173 PINE ST.
City-St-Zip: JACKSONVILLE, FL 32205 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLONTZ, BRYAN K
Address: 3713 PINE ST.
City-St-Zip: JACKSONVILLE, FL 32205 FL

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: BRYAN CLONTZ

PRES

09/09/2007

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