


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Aug 15, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90096 025 \*\*\*538.75

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DOCUMENT # L06000083086	
1. Entity Name LOWCOUNTRY PRIVATE LENDING, LLC	

Principal Place of Business 3713 PINE ST. JACKSONVILLE, FL 32205 US	Mailing Address 3713 PINE ST. JACKSONVILLE, FL 32205 US
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DO NOT WRITE IN THIS SPACE



07052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5473295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
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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]* Managing Member of Lowcountry Private Lending, LLC 7/7/08  
(Signature, title or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CLONTZ, BRYAN K 3713 PINE ST. JACKSONVILLE, FL 32205
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.