2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90240 033 ***138.75

DOCUMENT # L06000105960

1. Entity Name
LOWE RYZON WOODWORKING LLC

Principal Place of Business	Mailing Address
14871 KEY LIME BLVD. LOXAHATCHEE FL 33470	14871 KEY LIME BLVD. LOXAHATCHEE FL 33470

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1340 53 ST, UNIT 14		1340 53 ST. Unit 14	
Suite, Apt. #, etc.: MANGONIA PARK WPB		Suite, Apt. #, etc.: MANGONIA PARK WPB	
City & State: Florida		City & State: Fl.	
Zip: 33407	Country: WPB	Zip: 33407	Country: WPB

4. FEI Number: 20-5825766 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWE, RICHARD A
14871 KEY LIME BLVD.
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name: Richard A. Lowe
Street Address (P.O. Box Number is Not Acceptable): 1340 53 ST
MANGONIA PARK
City: WPB FL Zip Code: 33407

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: Richard Lowe 3/6/08
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	President	☐ Change ☐ Addition
NAME	LOWE, RICHARD A		NAME	Richard A. Lowe	
STREET ADDRESS	14871 KEY LIME BLVD.		STREET ADDRESS	1065 Hall Blvd	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP	Loxahatchee Fl. 33470	
TITLE	MGRM	☐ Delete	TITLE	SECRETARY	☐ Change ☐ Addition
NAME	LOWE, ELEXIE		NAME	Elexie Lowe	
STREET ADDRESS	14871 KEY LIME BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP	Same	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Richard Lowe 3/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #