2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-19-2008 90146 007 ***138.50
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DOCUMENT # L95000000211

1. Entity Name
LOWBROK L.C.

FILED

2008 APR -9 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4581 DAVENPORT LANE LOT 1 PACE, FL 32571	4581 DAVENPORT LANE LOT 1 PACE, FL 32571

DO NOT WRITE IN THIS SPACE

03052008No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3302027
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWERY, ROBERT E
1950 PEACHES LANE
CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

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 Donnie C. Broxson 3-7-08
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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LOWERY, ROBERT E
STREET ADDRESS	1950 PEACHES LANE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	MGRM
NAME	BROXSON, DONNIE C
STREET ADDRESS	4450 TRICE RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	MEM
NAME	BROXSON, VIRGINIA D
STREET ADDRESS	4450 TRICE RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	MEM
NAME	LOWERY, LOUISE R
STREET ADDRESS	358 W 9 MILE RD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Donnie C. Broxson Donnie C. Broxson 3-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

850-994-7918