


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008427
1. Entity Name
THE LOWELL GROUP, L.L.C.



Principal Place of Business Mailing Address
54 RIVER DRIVE 54 RIVER DRIVE
OCEAN RIDGE, FL 33435 OCEAN RIDGE, FL 33435

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 18-9485963	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

ZINK, GREGORY L
54 RIVER DRIVE
OCEAN RIDGE, FL 33435

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004 U00000074732
03/03/04-80031-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZINK, GREGORY L 54 RIVER DRIVE OCEAN RIDGE, FL 33435
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: GREGORY L. ZINK Date: 2/29/04 Daytime Phone #: 364-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE