


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000008427

1. Entity Name
THE LOWELL GROUP, L.L.C.



Principal Place of Business 54 RIVER DRIVE OCEAN RIDGE, FL 33435	Mailing Address 54 RIVER DRIVE OCEAN RIDGE, FL 33435.
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DO NOT WRITE IN THIS SPACE



02122008No Chg-LLC CR2E083 (12/07)

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**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/03/08-80035-003 138.75

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 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: *GREGORY L. ZINK* **3/16/08** **561-351-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #