

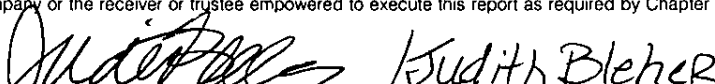


FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000001750 1. Entity Name LOWE & BEHOLD, LLC.			
Principal Place of Business 5517 FORCE FOUR PKWY ORLANDO, FL 32839		Mailing Address 5517 FORCE FOUR PKWY ORLANDO, FL 32839	
DO NOT WRITE IN THIS SPACE			
		04302008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 58-2620821	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWE, RANDALL W 938 PALM COVE DRIVE ORLANDO, FL 32835		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		05/29/08-80078-014 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWE, RANDALL W 938 PALM COVE DRIVE ORLANDO, FL 32835	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWE, BETTY J 120 STILLWOOD DR WARNER ROBINS, GA 31088		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  Judith Bleher 04/30/08 407-852-0069 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			