


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90030 022 ****50.00

| | |
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| DOCUMENT # M05000000250 |  |
| 1. Entity Name LOWCOUNTRY BLOCK, LLC | |

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|---|---|
| Principal Place of Business 535 STINEY ROAD HARDEEVILLE, SC 29927 | Mailing Address 535 STINEY ROAD HARDEEVILLE, SC 29927 |
|---|---|

| | |
|--------------------------------|----------------------------------|
| 2. Principal Place of Business | 3. Mailing Address PO Box 485 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Hardeeville SC |
| Zip | Zip 29927 |
| Country | Country |



04112006 Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 57-1120695 | 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|---|---------------------------------|--|-----------------|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CORRY, THOMAS M P.O. BOX 485 HARDEEVILLE, SC 29927 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Curry, Thomas M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM STEPHENS, PETE P.O. BOX 485 HARDEEVILLE, SC 29927 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HUMPHREY, THOMAS P.O. BOX 485 HARDEEVILLE, SC 29927 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DOLNICK, JAMES P.O. BOX 485 HARDEEVILLE, SC 29927 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jeff Hooper Jeff Hooper Controller, 4-16-06 843-784-7104