

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000250

Entity Name: LOWCOUNTRY BLOCK, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

535 STINEY ROAD
HARDEEVILLE, SC 29927

New Principal Place of Business:

Current Mailing Address:

P O BOX 485
HARDEEVILLE, SC 29927

New Mailing Address:

FEI Number: 57-1120695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CURRY, THOMAS M
Address: P.O. BOX 485
City-St-Zip: HARDEEVILLE, SC 29927

Title: MGRM (X) Delete
Name: STEPHENS, PETE
Address: P.O. BOX 485
City-St-Zip: HARDEEVILLE, SC 29927

Title: MGRM () Delete
Name: DOLNICK, JAMES
Address: P.O. BOX 485
City-St-Zip: HARDEEVILLE, SC 29927

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOM CURRY

MGMR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date