2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028250

1. Entity Name

LOWELL AT GRANADA ESTATES, INC.



Principal Place of Business

80 S.W. 8TH ST., STE. 1870 MIAMI, FL 33130 Mailing Address

80 S.W. 8TH ST., STE. 1870 MIAMI, FL 33130

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90376 048 ***158.75

40051177



DO NOT WRITE IN THIS SPACE

04042006 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1716611

Applied For Not Applicable

5. Certificate of Status Desired

R/

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, S. LAWRENCE III 80 S.W. 8TH ST., STE. 1870 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	tered office or reg	istered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, S. LAWRENCE 1II 80 S.W. 8TH ST., STE. 1870 MIAMI, FL 33130					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZiP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

305-517-8100

Daytime Phone #