


FILED
May 23, 2007 8:00 am
Secretary of State

04-26-2007 90183 025 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000128415					
1. Entity Name LOWELL AT OASIS, INC.					
Principal Place of Business 80 S.W. 8TH STREET STE 1870 MIAMI, FL 33130			Mailing Address 80 S.W. 8TH STREET STE 1870 MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAHN, LAWRENCE III 80 S.W. 8TH STREET STE 1870 MIAMI, FL 33130				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>	
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 name is long) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			D Kahn, S. Lawrence III 80 SW 8th Street, Suite 1870 Miami, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;">4/24/07305-577-8550</div> <div style="display: flex; justify-content: space-between;">DateDaytime Phone #</div>		