


2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A0000001779**

1. Entity Name  
**BOWER ENTERPRISES, LTD.**



Principal Place of Business      Mailing Address  
C/O THERREL BAISDEN, P.A.      C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400      ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI, FL 33131      MIAMI, FL 33131

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01142004      Chg-LP      CR2E003 (10/03)

**6. Name and Address of Current Registered Agent**

FEUERMAN, JONATHAN ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      \$15,150,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                               |
|---------------------------------|-------------------------------|
| DOCUMENT #                      | P00000108180                  |
| NAME                            | BOWER GROUP, INC.             |
| STREET ADDRESS                  | ONE S.E. 3RD AVE., SUITE 2400 |
| CITY-ST-ZIP                     | MIAMI, FL 33131               |
| DOCUMENT #                      |                               |
| NAME                            |                               |
| STREET ADDRESS                  |                               |
| CITY-ST-ZIP                     |                               |
| DOCUMENT #                      |                               |
| NAME                            |                               |
| STREET ADDRESS                  |                               |
| CITY-ST-ZIP                     |                               |
| DOCUMENT #                      |                               |
| NAME                            |                               |
| STREET ADDRESS                  |                               |
| CITY-ST-ZIP                     |                               |

| 13. ADDRESS CHANGES ONLY |                           |
|--------------------------|---------------------------|
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           | 000000135903              |
| CITY-ST-ZIP              | 04/29/04-80004-010 526.25 |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Gary Bower      Gary Bower      01/15/2004      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #