


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016520**  
1. Entity Name  
**BOWER/VERO BEACH, LLC**



Principal Place of Business <b>ONE S.E. 3RD AVE., STE. 2400 MIAMI, FL 33131</b>	Mailing Address <b>ONE S.E. 3RD AVE., STE. 2400 MIAMI, FL 33131</b>
--	--



01142004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1060774</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FEUERMAN, JONATHAN ESQ.  
THERREL BAISDEN, PA-SUNTRUST INTERNATIONAL  
ONE S.E. 3RD AVE., STE. 2400  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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, 2004

U00000116312  
04/16/04-80059-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOWER, WILLIAM J III 330 NE 152ST ST. NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOWER, GARY 2331 NE 211TH ST. NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gary Bower* Gary Bower 01/15/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #