


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRET
DIVISION
06 FEB 14 AM 11:19

DOCUMENT # A00000001779 1. Entity Name 3 BOWER ENTERPRISES, LTD.	
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Principal Place of Business C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 2450 MIAMI, FL 33131	Mailing Address C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 2450 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 65-1060774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 2450 MIAMI, FL 33131
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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300066799523
02/28/06--01016--028 **500.00

STAPLE CHECK HERE

14. 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 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:  **01/24/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #