

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A00000001779

1. Entity Name
3 BOWER ENTERPRISES, LTD.



FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

Principal Place of Business
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

Mailing Address
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, SUITE 2950
MIAMI, FL 33131



01232007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060774

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 2950
MIAMI, FL 33131

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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~~ 2950
CITY-ST-ZIP MIAMI, FL 33131

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CITY-ST-ZIP

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CITY-ST-ZIP

300088827943
02/21/07--01006--018 **500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE