

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

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



**DOCUMENT # A00000001779**

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

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 <b>65-1060774</b>	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**

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

**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 <del>2400</del> 2950
CITY-ST-ZIP	MIAMI, FL 33131

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

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Gary Bower* 01/28/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #