
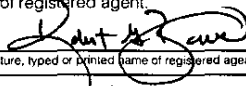
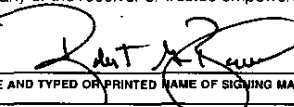


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90039 024 \*\*\*\*50.00

<b>DOCUMENT # L01000009854</b> 1. Entity Name <b>BOWEN CONSULTING GROUP, L.L.C.</b>					
Principal Place of Business <b>166 A1A NORTH #100 PONTE VEDRA BEACH, FL 32082</b>				Mailing Address <b>PO BOX 1656 PONTE VEDRA BEACH, FL 32004</b>	
2. Principal Place of Business <b>513 PONTE VEDRA BLVD</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PONTE VEDRA BEACH, FL</b>		City & State			
Zip <b>32082</b>		Country <b>USA</b>		Zip Country	
6. Name and Address of Current Registered Agent  <b>BOWEN, ROBERT 513 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <b>1/12/04</b>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWEN, ROBERT PO BOX 1401 PONTE VEDRA BEACH, FL 32004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, BETTY B PO BOX 1401 PONTE VEDRA BEACH, FL 32004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. 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 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: 				DATE <b>1/12/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>904 280 9627</b>	

24001576



01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3730802**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

1/12/04

Make check payable to  
Florida Department of State

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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