

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90200 049 ****50.00

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01242005 Chg-LLC CR2E083 (10/03)

| | | | | | |
|---|-----------------------------|---------------------------------|--|---|--|
| DOCUMENT # L01000016520 | | | |  | |
| 1. Entity Name BOWER/VERO BEACH, LLC | | | | | |
| Principal Place of Business ONE S.E. 3RD AVE., STE. 2400 MIAMI, FL 33131 | | | Mailing Address ONE S.E. 3RD AVE., STE. 2400 MIAMI, FL 33131 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 65-1060774 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FEUERMAN, JONATHAN ESQ. THERREL BAISDEN, PA-SUNTRUST INTERNATIONAL ONE S.E. 3RD AVE., STE. 2400 MIAMI, FL 33131 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWER, WILLIAM J III | | NAME | BOWER, WILLIAM J III | |
| STREET ADDRESS | 330 NE 152ST ST. | | STREET ADDRESS | 15173 SW 34TH STREET | |
| CITY-ST-ZIP | NORTH MIAMI, FL 33162 | | CITY-ST-ZIP | Davie, FL 33331 | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWER, GARY | | NAME | BOWER, GARY | |
| STREET ADDRESS | 2331 NE 211TH ST. | | STREET ADDRESS | 1374 NW 139TH TERRACE | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33180 | | CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Gary Bower</u> | | | Date: <u>01/28/2005</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # | | |