2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 24, 2005 8:00 am Secretary of State

DOCUMENT # L01000016520 1. Entity Name BOWER/VERO BEACH, LLC					03-24-2005 90200 049 ****50.00			
Principat Place of Business ONE S.E. 3RD AVE., STE. 2400 MIAMI, FL 33131		Mailing Address ONE S.E., 3RD AVE., STE. 2400 MIAML FL 33131			20024352			
1411/4111/12 0	0101	1710 mm, 1 C 00 TO 1			 	DUYUL KIDIN SILKI DAKIN AKDALUR	49 E 111 LOS	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242005 Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Number 65-1060774	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	,	5. Certificate of Status Desired	Certificate of Status Desired S5.00 Additional Fee Required		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
	31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Name			
FEUERMAN, JONATHAN ESQ. THERREL BAISDEN, PA-SUNTRUST INTERNATIONAL ONE S.E. 320404., STE. 2400				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33131		City			FL Zip Cod	е	
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered	office or register	red agent, or both, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered A	agent signature required	when reinstating)	DATE	•	
Fi D	iling Fee is \$50.00 ue by May 1, 2005					check payable to Department of Stat	•	
9. MANAGING MEMBER		BERS/MANAGERS	RS/MANAGERS 10.		ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE .	MGI		Change	Addition	
NAME	BOWER, WILLIAM J III	LI Delete	NAME	N 6	 Ver, William J II			
STREET ADDRESS	330 NE 152ST ST.		STREET		73 SW 34TH STREE			
CITY-ST-ZIP	NORTH MIAMI, FL 33162		CITY-S	T 7/D) I		
TITLE	MGR	☐ Delete	TITLE		ie, FL 33331	Change	☐ Addition	
NAME	BOWER, GARY		NAME	MGI	•			
STREET ADDRESS	2331 NE 211TH ST.		STREET		WER, GARY			
CITY-ST-ZIP			CITY-S		4 NW 139TH TERR			
TITLE NAME		☐ · Delete	TITLE NAME	PEM	BROKE PINES, FI	33028 Change	☐ Addition	
STREET ADDRESS				ADDRESS*	مسيحان أجاليا ينبسانين أأأ	والمحاصين والمحاسب		
CITY-ST-ZIP			CITY-S	į.				
TITLE		□ Delete	TITLE			☐ Change	Addition	
NAME		LI Delete	NAME	1 .		∟ отволую	Addition	

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

SIGNATURE: IG MANAGINS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition