


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000016520 1. Entity Name BOWER/VERO BEACH, LLC	
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Principal Place of Business ONE S.E. 3RD AVE., STE. <del>2400</del> 2450 MIAMI, FL 33131	Mailing Address ONE S.E. 3RD AVE., STE. <del>2400</del> 2450 MIAMI, FL 33131
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01102006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-1060774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

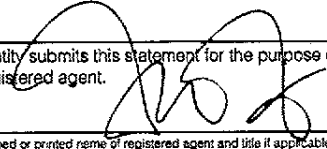
**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.  
 THERREL BAISDEN, PA-SUNTRUST INTERNATIONAL  
 ONE S.E. 3RD AVE., STE. ~~2400~~ 2450  
 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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

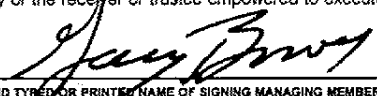
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWER, WILLIAM J III 15173 SW 34TH ST DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWER, GARY 1374 NW 139TH TERRACE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000423418  
 02/18/06-80007-006 50.00

**DO NOT WRITE IN THIS SPACE**

11. 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 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: 01/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #