


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90309 002 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L01000016520</b>                 |  |
| 1. Entity Name<br><b>BOWER/VERO BEACH, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>ONE S.E. 3RD AVE., STE. 2400<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>ONE S.E. 3RD AVE., STE. 2400<br/>MIAMI, FL 33131</b> |
|--|--|

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|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>One S.E. 3rd Avenue</b> | 3. Mailing Address<br><b>One S.E. 3rd Avenue</b> |
| Suite, Apt. #, etc.<br><b>Suite # 2950</b>                                   | Suite, Apt. #, etc.<br><b>Suite # 2950</b>       |

01232007 Chg-LLC CR2E083 (12/06)

|                                  |                                  |                                    |  |
|----------------------------------|----------------------------------|------------------------------------|--|
| City & State<br><b>Miami, FL</b> | City & State<br><b>Miami, FL</b> | 4. FEI Number<br><b>65-1060774</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|----------------------------------|----------------------------------|------------------------------------|--|

|                     |                       |                     |                       |   |
|---------------------|-----------------------|---------------------|-----------------------|---|
| Zip<br><b>33131</b> | Country<br><b>USA</b> | Zip<br><b>33131</b> | Country<br><b>USA</b> | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |
|---------------------|-----------------------|---------------------|-----------------------|---|

**6. Name and Address of Current Registered Agent**

**FEUERMAN, JONATHAN ESQ.  
THERREL BAISDEN, PA-SUNTRUST INTERNATIONAL  
ONE S.E. 3RD AVE., STE. ~~2400~~ 2950  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BOWER, WILLIAM J III<br>15173 SW 34TH ST<br>DAVIE, FL 33331 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BOWER, GARY<br>1374 NW 139TH TERRACE<br>PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Gary Bower **Date:** 01-28-2007 **Daytime Phone #:** \_\_\_\_\_