2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 AM 11:41

DOCUMENT # L01000016690

1. Entity Name

FOWLER HOLDINGS, LLC

Principal Place of Business	Mailing Address
~~1500 SAN REMO AVE.~~ ~~SUITE #225~~ ~~CORAL GABLES, FL 33146~~	~~1500 SAN REMO AVE.~~ ~~SUITE #225~~ ~~CORAL GABLES, FL 33146~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9155 S. DADELAND BLVD	9155 S. DADELAND BLVD
Suite, Apt. #, etc. # 1502	Suite, Apt. #, etc. #1502
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number APPLIED FOR 65-1143767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131	Name ROBERT RUBIN Street Address (P.O. Box Number is Not Acceptable) 9155 S. DADELAND BLVD #1502 City MIAMI FL Zip Code 33156

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 _____ 8-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIN, ROBERT ~~1500 SAN REMO AVENUE SUITE #225~~ ~~MIAMI FL 33146~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9155 S. DADELAND BLVD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED 8-25-03 305 670-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #