## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT# 10100	2007.5507	(UBR)	05-14-2	002 90464 001 ***100.00
1. Entity Name	00016691			
FOWLER ACQUISITIO	N, LLC	7		
DO NOT WRIT	E IN THIS SI	PACE		
2. Principal Place of Business	3. Mailing Address			
1500 San Remo Avenue Suite, Apt. #, etc.	1500 San Ren Suite, Apt. #, etc.	no Avenue		
Suite #225	Suite #255		DO NOT W	RITE IN THIS SPACE
City & State Miami, Florida	City & State "		4. FEI Number	-X Applied For
Zip 33146 Country US	Miami, Flori	Country		Not Applicable
	23140	US	5. Certificate of Status Desired	Fee Required
cd	`	Name .	7. Name and Address of Curre	
DO NOT WRITE IN THIS SPACE		Street Ada	KTG&S REGISTERED AGENT CORPORATION  Street Address (P.O. Box Number is Not Acceptable)	
		Street Aut		
	T T T T T T T T T T T T T T T T T T T	100	S.E. 2nd Street, 28t	h Floor
		CityMilar	ni.	FI Zip 033131
8. The above named entity submits this statement	t for the purpose of changing its r	egistered office or re	egistered agent, or both, in the State of f	lorida.
SIGNATURE				
Signature typed or printed name of registered age	ent and title if applicable			
· · · · · · · · · · · · · · · · · · ·				DATE
		EE IS \$50.00		DATE
	FI Make Check Pay	able to Departme	ent of State	DATE
9. MANAGING MEMA	FI Make Check Pay DU		ent of State	DATE
Manager Manager	FI Make Check Pay	able to Departme	ent of State	
Manager  NAME Robert Rubin	FI Make Check Pay DU BERS/MANAGERS	able to Departme	ent of State	
Manager  NAME Robert Rubin  STREET ADDRESS 1500 San Remo Ave	Make Check Pay DU BERS/MANAGERS Proue Suite #225	able to Departme JE BY MAY 1  TITLE NAME STREEF ADDRESS	ent of State	
Manager Robert Rubin: 1500 San Remo Ave Miami, Florida 33	Make Check Pay DU BERS/MANAGERS Proue Suite #225	Able to Departme JE BY MAY 1  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ent of State	
Manager  Robert Rubin  STREET ADDRESS CITY-ST-ZIP  Miami, Florida 33	Make Check Pay DU BERS/MANAGERS Proue Suite #225	able to Departme JE BY MAY 1  TITLE NAME STREEF ADDRESS	ent of State	
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Robert Rubin, Manager ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02

305~665~8784 Daytime Phone #