

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009284

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: JENNIS BOWEN & BRUNDAGE, P.L.

**Current Principal Place of Business:**

400 N ASHLEY DR, STE 2540  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 N ASHLEY DR, STE 2540  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 02-0584904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWEN, CHAD S ESQ  
400 ASHLEY DRIVE, STE. 2540  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JENNIS, DAVID S  
Address: 400 N ASHLEY DR, STE 2540  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: BOWEN, CHAD S  
Address: 400 N ASHLEY DR, STE 2540  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: BRUNDAGE, MICHAEL P  
Address: 400 N ASHLEY DR, STE 2540  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD S BOWEN

MGR

02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date