2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# L02000009284

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:

400 N ASHLEY DR, STE 2540
TAMPA, FL 33602 US

Current Mailing Address:

400 N ASHLEY DR, STE 2540
TAMPA, FL 33602

New Mailing Address:

400 N ASHLEY DR, STE 2540
TAMPA, FL 33602 US

FEI Number: 02-0584904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ADDITIONS/CHANGES:

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

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

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

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 02/07/2007

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