


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90142 018 ***150.00

DOCUMENT # L02000022022	
1. Entity Name FOWLER MANAGEMENT GROUP, L.L.C.	

Principal Place of Business 2150 BURLEY AVENUE CLERMONT FL 34711	Mailing Address 2150 BURLEY AVENUE CLERMONT FL 34711
--	--

2. Principal Place of Business 2146 BURLEY AVE	3. Mailing Address 2146 BURLEY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLERMONT FL	City & State CLERMONT FL
Zip 34711	Country USA
Zip 34711	Country USA



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent FOWLER, ROBERT 2150 BURLEY AVENUE CLERMONT FL 34711	
7. Name and Address of New Registered Agent Name ROBERT A FOWLER Street Address (P.O. Box Number is Not Acceptable) 2146 BURLEY AVE City CLERMONT FL Zip Code 34711	

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 **Robert A Fowler** **ROBERT A FOWLER** PRESIDENT **2-24-04**
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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, ROBERT A 2150 BURLEY AVE CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT A FOWLER 2146 BURLEY AVE CLERMONT FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWLER, PATRICIA J 2150 BURLEY AVE CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICIA J. FOWLER 2146 BURLEY AVE CLERMONT FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: **Robert A Fowler** **ROBERT A FOWLER** **2-24-04 (352) 243-7450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #