# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2004 8:00 am**
**Secretary of State**
04-29-2004 90070 038 ****50.00

DOCUMENT # L02000033302

1. Entity Name
FLOWER INVESTMENTS, LLC

Principal Place of Business
2121 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134

2. Principal Place of Business
2605 PONCE DE LEON BLVD
Suite, Apt. #, etc.

3. Mailing Address
2605 PONCE DE LEON BLVD.
Suite, Apt. #, etc.

04152004 Chg-LLC CR2E083 (10/03)

City & State: CORAL GABLES, FL
Zip: 33134 Country: U.S.

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Zip: 33134 Country: U.S.

4. FEI Number: 16-1654113 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**

TRESCOTT, ROBERT L
2121 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**

Name: TRESCOTT DRUCKER VASALLO PL
Street Address (P.O. Box Number is Not Acceptable): 2605 PONCE DE LEON BLVD.
City: CORAL GABLES FL Zip Code: 33134

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

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---|---|---|---|
| MGR | COLE, RONALD W | PO BOX 5271 | ENGLEWOOD, CO 80155 |
| | | | |
| | | | |
| | | | |
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☐ Delete

**10. ADDITIONS / CHANGES**

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ 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:** Ronald W Cole 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #