

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90081 043 ****50.00

DOCUMENT # L02000033302

1. Entity Name

FLOWER INVESTMENTS, LLC



Principal Place of Business

Mailing Address

2605 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

2605 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

16-1654113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRESCOTT DRUCKER JASALLO PL
2605 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
COLE, RONALD W
STREET ADDRESS
~~PO BOX 6271~~
CITY- ST- ZIP
~~ENGLEWOOD CO 80155~~

☐ Delete

TITLE
NAME
MGR
COLE, RONALD W
STREET ADDRESS
171 INDIAN MOUND TRAIL
CITY- ST- ZIP
TAVERNIER, FL 33070

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ronald Cole

3/29/07 303 725 5594