

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

4/21

04-21-2003 90408 007 \*\*\*\*50.00

DOCUMENT # L02000033302

1. Entity Name

FLOWER INVESTMENTS, LLC



**DO NOT WRITE IN THIS SPACE**

44002375

2. Principal Place of Business 2121 Ponce de Leon Blvd.		3. Mailing Address		4. FEI Number No - 1654113		Applied For Not Applicable	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State Coral Gables, FL		City & State		7. Name and Address of Current Registered Agent			
Zip 33134	Country	Zip	Country	Name Robert L. Trescott			

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd.	
Suite 900	
City Coral Gables	FL Zip Code 33134

B. 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.

DATE

FEE IS \$60.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ronald W. Cole P.O. Box 5271 Englewood, CO 80155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

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

*Ronald W. Cole*

4/17/03

303-220-5594

Date

Daytime Phone #

CR2E083B (12/02)