


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90078 041 \*\*\*\*50.00

<b>DOCUMENT # L03000010447</b> 1. Entity Name JENNIS & BOWEN CONSULTING, LLC	
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Principal Place of Business 400 N. ASHLEY DR., STE. 2540 TAMPA, FL 33602	Mailing Address 400 N. ASHLEY DR., STE. 2540 TAMPA, FL 33602
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**20008410**



01132005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3686359	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BOWEN, CHAD S 400 N. ASHLEY DR., STE. 2540 TAMPA, FL 33602
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**DO NOT WRITE  
IN THIS SPACE**

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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENNIS, DAVID <i>5.</i> 400 N. ASHLEY DR., STE. 2540 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWEN, CHAD S 400 N. ASHLEY DR., STE. 2540 TAMPA, FL 33602
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**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:**

*Chad S Bowen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-27-04*  
Date

*813-229-1700*  
Daytime Phone #