2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000044324

BOWLES CONSTRUCTION, LLC



FILED Feb 27, 2007 08:00 AM **Secretary of State**

Principal Place of Business / Mailing Address / 7118 ARLET DRIVE / 7118 ARLET DRIVE / JACKSONVILLE, FL 32211 US / JACKSONVILLE, FL 32211 US



02182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0420153

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWLES, KEVIN 7118 ARLET DRIVE JACKSONVILLE, FL 32211

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 iamiliar with, and accept |
|----|--|--------------------------------|
| | the obligations of registered agent. | |

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remetating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOWLES, KEVIN 7118 ARLET DRIVE JACKSONVILLE, FL 32211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | configured that the information sumplied with this filing does not qualify for the e |

U00000650219 03/07/07-80081-025 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE