## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000046277

Address:

900 S. E. 12 ST

City-St-Zip: FT. LAUDERDALE, FL 33316 US

Entity Name: W D MCOWEN GENERAL CONTRACTOR LLC

FILED May 12, 2008 Secretary of State

| Current Principal Place of Business:        |  |   | New Principal Place of Business:                     |                                       |
|---|--|---|--|---------------------------------------|
| 1204 S. E.<br>FORT LAU                      | 11TH ST<br>JDERDALLE, FL 33316   | US  |  |                                       |
| Current Mailing Address:                    |  |   | New Mailing Address:                                 |                                       |
| 1204 S. E.<br>FORT LAU                      | 11TH ST<br>JDERDALLE, FL 33316   | US  |  |                                       |
|   |  | er Applied For()  FEI Nu<br>the limited liability company did | mber Not Applicable ( ) not receive the prior notice | Certificate of Status Desired (X)     |
| Name and                                    | Address of Current Reg   | gistered Agent:   | Name and Address o                                   | f New Registered Agent:               |
| 1204 S E 1                                  |  | US  |  |                                       |
|   | named entity submits this<br>e of Florida.   | statement for the purpose of                                  | of changing its registered                           | d office or registered agent, or both |
| SIGNATUF                                    | RE:  |   |  |                                       |
|   | Electronic Signature   | e of Registered Agent   |  | Date                                  |
| MANAGING MEMBERS/MANAGERS:                  |  |   | ADDITIONS/CHANGES:                                   |                                       |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM ( ) Delete<br>MCOWEN, WILLIAM D<br>1204 S. E. 11TH ST<br>FT. LAUDERDALE, FL 33310 | 3 US  | Title:<br>Name:<br>Address:<br>City-St-Zip:          | () Change () Addition                 |
| Title:<br>Name:                             | MGRM () Delete<br>NEELY, JAMES B JR  |   | Title:<br>Name:                                      | ( ) Change ( ) Addition               |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: W D MCOWEN MGRM 05/12/2008