2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L03000048119

Entity Name: BOWMERE DEVELOPMENT LLC

Current Principal Place of Business:

1004 FALLING LEAF
CELEBRATION, FL 34747

New Principal Place of Business:

1004 FALLING LEAF STREET
CELEBRATION, FL 34747

Current Mailing Address:

1004 FALLING LEAF
CELEBRATION, FL 34747

New Mailing Address:

1004 FALLING LEAF STREET
CELEBRATION, FL 34747

FEI Number: 90-0171407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWCROFT, IAN
1004 FALLING LEAF STREET
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOWCROFT, IAN
Address: 1004 FALLING LEAF STREET
City-St-Zip: KISSIMMEE, FL 34747

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: DENISE, LESLEY
Address: 1004 FALLING LEAF STREET
City-St-Zip: KISSIMMEE, FL 34747

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: IAN HOWCROFT MR 04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date