


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90072 003 ****50.00

DOCUMENT # L03000049988 1. Entity Name BOWSPRIT PROPERTIES, LLC	
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Principal Place of Business 4362 NORTHLAKE BLVD S 206 PALM BEACH GARDENS, FL 33410	Mailing Address 4362 NORTHLAKE BLVD S 206 PALM BEACH GARDENS, FL 33410
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20004730



01192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0854563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CHALAIRE AND ASSOCIATES, INC.
4362 NORTHLAKE BLVD
S 206
PALM BEACH GARDENS, FL 33410**

**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 CHALAIRE AND ASSOCIATES, INC. 4362 NORTHLAKE BLVD., S 206 PALM BEACH GARDENS, FL 33410
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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: Terri Chalaire 1-25-05 561-694-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #