2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L03000049988

1. Entity Name
BOWSPRIT PROPERTIES, LLC

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVD S 206 PALM BEACH GARDENS, FL 33410	4362 NORTHLAKE BLVD S 206 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

04122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0854563
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

000000707322
04/24/07-80070-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CHALAIRE AND ASSOCIATES,INC.
STREET ADDRESS	4362 NORTHLAKE BLVD., S 206
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
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CITY-ST-ZIP	

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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: T Chalaire AOR: Chalaire and Associates, Inc. 4-12-07 561 694 0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #