


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000010063</b>	
1. Entity Name <b>FOWLER DC, LLC</b>	

Principal Place of Business <b>2910 WEST BAY TO BAY BLVD, STE 200 TAMPA, FL 33629</b>	Mailing Address <b>2910 WEST BAY TO BAY BLVD, STE 200 TAMPA, FL 33629</b>
--	--

DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0711104</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SMITH, W. LAWRENCE 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602</b>
--

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, DAVID A. 2910 W. BAY TO BAY BLVD. # 200 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, JOSEPH A. 2910 W. BAY TO BAY BLVD. # 200 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD, STE 200 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

U000000694419  
04/17/07-80018-002 50.00

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: 	3-29-07	813-221-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #