


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90040 032 ***138.75

DOCUMENT # L04000010063	
1. Entity Name FOWLER DC, LLC	

Principal Place of Business 2910 WEST BAY TO BAY BLVD, STE 200 TAMPA, FL 33629	Mailing Address 2910 WEST BAY TO BAY BLVD, STE 200 TAMPA, FL 33629
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60029943

2. Principal Place of Business - No P.O. Box # 3410 Henderson Blvd.	3. Mailing Address 3410 Henderson Blvd.
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200



04092008 Chg-LLC CR2E083 (12/06)

City & State Tampa FL	City & State Tampa FL
Zip 33609	Country USA

4. FEI Number 20-0711104	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, W. LAWRENCE 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	


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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, DAVID A. 2910 W. BAY TO BAY BLVD. # 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, JOSEPH A. 2910 W. BAY TO BAY BLVD. # 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD, STE 200 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4-23-08	813-554-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #