

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90073 033 ****50.00

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DOCUMENT # L04000013766 1. Entity Name EDWARD BOWERSOX, LLC					
Principal Place of Business 25412 PUNKIN CENTER RD HOWEY-IN-THE-HILLS, FL 34737			Mailing Address 25412 PUNKIN CENTER RD HOWEY-IN-THE-HILLS, FL 34737		
2. Principal Place of Business <div style="text-align: center; font-size: 1.2em;">N/A</div>		3. Mailing Address <div style="text-align: center; font-size: 1.2em;">N/A</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em;">61-146-6590</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOWERSOX, ESWARD W 25412 PUNKIN CENTER RD HOWEY-IN-THE-HILLS, FL 34737			7. Name and Address of New Registered Agent Name <div style="text-align: center; font-size: 1.2em;">N/A</div> Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: center; font-size: 1.2em;">FL</div> Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOWERSOX, EDWARD W 25412 PUNKIN CENTER RD HOWEY-IN-THE-HILLS, FL 34737 <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	
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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 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:			Date <div style="font-size: 1.2em;">2-17-2005</div> Daytime Phone # <div style="font-size: 1.2em;">352-324-3076</div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					