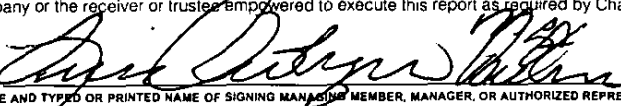


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90027 048 \*\*\*\*55.00

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # L04000019165</b><br>1. Entity Name<br><b>3040 FOWLER, LLC</b>  |  |   |  |
| Principal Place of Business<br><b>1625 HENDRY ST, STE 301<br/>FORT MYERS, FL 33901</b>   |  | Mailing Address<br><b>1625 HENDRY ST, STE 301<br/>FORT MYERS, FL 33901</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9140 CHERRY HILL CT</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>9140 CHERRY HILL CT</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>FORT MYERS, FL</b>  |  | City & State<br><b>FORT MYERS</b>  |  |
| Zip <b>33908</b> Country   |  | Zip <b>33908</b> Country   |  |
| 4. FEI Number<br><b>20-0978030</b>   |  | Applied For<br><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<br><br><b>EIHAUSEN, DERRICK S<br/>KNOTT, CONSOER ET AL P.A.<br/>1625 HENDRY ST, STE 301<br/>FORT MYERS, FL 33901</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>LUCIUS A. PETTINGILL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9140 CHERRY HILL CT</b><br>City <b>FORT MYERS</b> FL Zip Code <b>33908</b> |  |
| 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.<br>SIGNATURE  DATE <b>3/30/07</b><br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>PETTINGILL, LOU<br/><del>1625 HENDRY STREET</del><br/>FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>9140 CHERRY HILL CT<br/>FORT MYERS, FL 33908</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |  | Date <b>3/30/07</b> 239-425-26   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | <small>Date Daytime Phone #</small>  |  |

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03272007 Chg-LLC CR2E083 (12/06)