## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## FILED May 01, 2008 08:00 AN Secretary of State **DOCUMENT # L04000019165** 3040 FOWLER, LLC Principal Place of Business Mailing Address 9140 CHERRY HILL CT 9140 CHERRY HILL CT FORT MYERS, FL 33908 FORT MYERS, FL 33908 CR2E083 (12/07) 04182008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0978030 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE PETTINGILL, LUCIUS A 9140 CHERRY HILL CT FORT MYERS, FL 33908 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. (NOTE; Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000943052 05/29/08-80045-007 143.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PETTINGILL, LOU NAME STREET ADDRESS 9140 CHERRY HILL CT CITY+ST-ZIP FORT MYERS, FL 33908 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling 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.

FKICA TROJAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE