

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90102 032 ****50.00

DOCUMENT # L04000042315 1. Entity Name KOWALSKI & BOHLINGER INVESTMENTS L.L.C.			
Principal Place of Business 109 PLACQUEMINE ROAD LAFAYETTE, LA 70501		Mailing Address 109 PLACQUEMINE ROAD LAFAYETTE, LA 70501	
2. Principal Place of Business 102 Bent Tree Trail Suite, Apt. #, etc.		3. Mailing Address 102 Bent Tree Trail Suite, Apt. #, etc.	
City & State Lafayette, LA Zip 70508 Country USA		City & State Lafayette, LA Zip 70508 Country USA	
4. FEI Number 20-1203739		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UHLFELDER, DANIEL W 3092 W. COUNTY HIGHWAY 30A SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
B. 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>			
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	MGRM BOHLINGER, LEWIS H III 109 PLACQUEMINE ROAD LAFAYETTE, LA 70501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 Bent Tree Trail Lafayette, LA 70508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOWALSKI, JOESPH M MD 109 PLACQUEMINE ROAD LAFAYETTE, LA 70501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102 Bent Tree Trail Lafayette, LA 70508 <input checked="" 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: <i>Mrs. Valerie Kowalski</i> (Mrs. Valerie Kowalski)		Date 1/26/05 Daytime Phone # 406-2548	