

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-20-2005 90035 006 ****50.00

DOCUMENT # L04000049713 1. Entity Name KEN FOWLER CONSULTING SERVICES, LLC					
Principal Place of Business 3602 62ND AVE. EAST BRADENTON, FL 34203			Mailing Address 3602 62ND AVE. EAST BRADENTON, FL 34203		
2. Principal Place of Business 5316-53rd AVE. E C-4		3. Mailing Address P.O. Box 20179			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 	
Zip 34203		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER, KEN 3602 62ND AVE. EAST BRADENTON, FL 34203		7. Name and Address of New Registered Agent Name Ken Fowler Street Address (P.O. Box Number is Not Acceptable) 5316 53rd AVE. E. C-4 City Bradenton FL Zip Code 34203			
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 Kenneth D. Fowler 4-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR FOWLER, KEN 3602 62ND AVE. EAST BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Fowler, Ken 5316 53rd ave E Bradenton FL 34203 <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	
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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: Kenneth D. Fowler			4-10-05 9412322990		
<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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