

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

DOCUMENT # L04000075896

1. Entity Name
PK BOWRON PROPERTIES, LLC



Principal Place of Business
**36949 APIARY ROAD
GRAND ISLAND, FL 32735**

Mailing Address
**P.O. BOX 350141
GRAND ISLAND, FL 32735**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4
4
4
4

04-29-2005 90140 001 ****12.50
04-29-2005 90140 002 ****12.50
04-29-2005 90140 003 ****12.50
04-29-2005 90140 004 ****12.50

30007369



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0278512

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BOWRON, WAYNE K
36949 APIARY ROAD
GRAND ISLAND, FL 32735**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 renewing) 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 BOWRON, WAYNE K 36949 APIARY ROAD GRAND ISLAND, FL 32735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X *Wayne K Bowron* 4-25-05 352-357-3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #