


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AL)

FILED
May 19, 2006 8:00 am
Secretary of State

04-27-2006 90024 037 ****50.00

DOCUMENT # L05000005829 1. Entity Name ROWLEY GROUP, LLC			
Principal Place of Business 2110 NE 30TH COURT LIGHTHOUSE POINT FL 33064		Mailing Address 2110 NE 30TH COURT LIGHTHOUSE POINT FL 33064	
2. Principal Place of Business 5900 N. Andrews Avenue Suite Apt. #, etc. 626		3. Mailing Address 5900 N. Andrews Avenue Suite Apt. #, etc. 626	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33309		Zip 33309	
Country USA		Country USA	
4. FEI Number 202213066		Applied For <input type="checkbox"/> Not Applicable	
Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWLEY, S. PIKE 2110 NE 30TH COURT LIGHTHOUSE POINT FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>		DATE 4/12/06 4/13/06	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME S. PIKE ROWLEY, TRUSTEE OF THE S. PIKE ROWLE	TITLE 	NAME
STREET ADDRESS 2110 NE 30TH COURT	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4/17/06 954-938-1807 <small>Daytime Phone #</small>	