

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90308 017 ****50.00

DOCUMENT # L05000020444	
1. Entity Name COWEN REALTY & DEVELOPMENT, L.L.C.	

Principal Place of Business 121 NANDINA ROAD GULF BREEZE FL 32561	Mailing Address 121 NANDINA ROAD GULF BREEZE FL 32561
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2. Principal Place of Business - No P.O. Box # 731 Pensacola Bch Blvd. # 110	3. Mailing Address 731 Pensacola Beach Blvd. # 110
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc. # 110
City & State Pensacola Beach FL	City & State Pensacola Beach FL
Zip 32561	Country US

1st MOORE CR2E083 (10/06)

4. FEI Number 41-2175837	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent COWEN, ROBERT H 121 NANDINA ROAD GULF BREEZE FL 32561	
7. Name and Address of New Registered Agent Name Cowen, Robert H. Street Address (P.O. Box Number is Not Acceptable) 731 Pensacola Beach Blvd. # 110 City Pensacola Beach FL Zip Code 32561	

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 *Robert H. Cowen* (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COWEN, ROBERT H 121 NANDINA ROAD GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	mGR Cowen, Robert H 731 Pensacola Beach Blvd. # 110 Pensacola Beach, FL 32561 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COOK-COWEN, KAREN J 121 NANDINA ROAD GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	mGRM Cook-Cowen, Karen J 731 Pensacola Beach Blvd. # 110 Pensacola Beach, FL 32561 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: *Robert H. Cowen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: _____ Daytime Phone #: _____