

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022098

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ROWE'S ENTERPRISES LLC

**Current Principal Place of Business:**

300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

50 NORTH LAURA STREET  
SUITE 2900  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

50 NORTH LAURA STREET  
SUITE 2900  
JACKSONVILLE, FL 32202

**FEI Number:** 20-2780523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRSCHNER, KENNETH M  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

KIRSCHNER, KENNETH M  
50 NORTH LAURA STREET  
SUITE 2900  
JACKSONVILLE, FL 32202 US

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.

**SIGNATURE:** KENNETH M KIRSCHNER

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ROWE, ROBERT A  
**Address:** 300A WHARFSIDE WAY  
**City-St-Zip:** JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ROWE, ROBERT A  
**Address:** 50 NORTH LAURA STREET SUITE 2900  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 A ROWE

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date