2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# L05000034341

Entity Name: FOWLER REAL ESTATE, LLC

Current Principal Place of Business:

10561 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33912

New Principal Place of Business:

10561 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33966

Current Mailing Address:

10561 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33912

New Mailing Address:

10561 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33966

FEI Number: 20-2743752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER, JOANNE H
10501 SIX MILE CYPRESS PARKWAY
FORT MYES, FL 33912 US

Name and Address of New Registered Agent:

FOWLER, JOANNE H
10501 SIX MILE CYPRESS PARKWAY
FORT MYES, FL 33966 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: _____ 05/14/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FOWLER, JOANNE H
Address: 10561 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOWLER, JOANNE H
Address: 10561 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

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: JOANNE H. FOWLER MGRM 05/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date