

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064715

FILED
Jul 31, 2006
Secretary of State

Entity Name: COWAN INVESTMENTS, LLC

Current Principal Place of Business:

10401 APPECROSS LANE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

10401 APPECROSS LANE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-3077947 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:

MEINERS, LOUIS M JR.
2640 GOLDEN GATE PARKWAY
SUITE 205
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 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: LOUIS M. MEINERS, JR.

07/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COWAN, MATT
Address: 10401 APPECROSS LANE
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: COWAN HOLDINGS GROUP, , INC.
Address: 10401 APPECROSS LANE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MATT COWAN

MGRM

07/31/2006

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