


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90344 014 \*\*\*\*50.00

<b>DOCUMENT # L05000068988</b> 1. Entity Name <b>E.O.W. GROUP, LLC</b>					
Principal Place of Business <b>10209 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778</b>			Mailing Address <b>10209 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>11414 Seminole Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>4</b>			
City & State		City & State <b>Largo, FL</b>			
Zip	Country	Zip <b>33778</b>	Country <b>USA</b>	4. FEI Number <b>20-3143507</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>OTTINGER, DAVID J ESQ. 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SZABO, DONALD 10209 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEWIS, JOHN 10209 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LINDEMANN, PAUL 10209 GOLDEN EAGLE DRIVE SEMINOLE, FL 33778</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>Donald J Szabo</u> <span style="float: right;">3/29/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					