2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90122 040 ****50.00

DOCUMENT # L05000121096

1. Entity Name
FLOWER POWER, LLC

Principal Place of Business
13232 PALMER'S CREEK TERRACE
BRADENTON, FL 34202

Mailing Address
13232 PALMER'S CREEK TERRACE
BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

03202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

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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 ______________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLOWERS, WALTER C
STREET ADDRESS	13232 PALMER'S CREEK TERRACE
CITY ST ZIP	BRADENTON, FL 34202
TITLE	MGRM
NAME	FLOWERS, JOAN E
STREET ADDRESS	13232 PALMER'S CREEK TERRACE
CITY ST ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

SIGNATURE: Joan E. Flowers JOAN E. FLOWERS 3/23/07 941-907-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #