## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DO	CL	MEN	T #	1.060	nnn	09188

1. Entity Name

BOWIE STREET INVESTMENTS, LLC



Principal Place of Business

Maiting Address

1601 LORIANA STREET BRANDON, FL 33511 1601 LORIANA STREET BRANDON, FL 33511



## DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 27-0136734

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FRANCISE, ERNEST J JR. 1601 LORIANA STREET BRANDON, FL 33511

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

BRANDO	N, FL 33511	IN THIS SPACE			
	e named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept		
SIGNATURE.	Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILI	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		31.		
9.	MANAGING MEMBERS/MANAGERS	Parties and the state of the st	• 5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCISE, ERNEST JR 1601 LORIANA ST BRANDON, FL 33511				
TITLE NAME STREET AODRESS CITY-ST-ZIP		02/0	00000804551 05/08-80073-015 138.75		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	; , ; ;				
TITLE	* .,		·		

11. I hereby certify that the information supplied with this filling 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 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone :