


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90050 010 \*\*\*143.75

<b>DOCUMENT # L06000030912</b> 1. Entity Name J BOWMAN ENTERPRISES, LLC	
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Principal Place of Business 2755 VISTA PARKWAY UNIT I-3 DEERFIELD BEACH, FL 33441 US	Mailing Address P.O. BOX 1072 LANGHORNE, PA 19047 US
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**DO NOT WRITE IN THIS SPACE**



07152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4570196	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOWMAN, JEREMY 1650 LATHAM RD UNIT 2 WEST PALM BEACH, FL 33409
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**DO NOT WRITE  
IN THIS SPACE**

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)</small>	DATE _____
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**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWMAN, JEREMY 1650 LATHAM RD UNIT 2 WEST PALM BEACH, FL 33409
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IN THIS SPACE**

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>  <b>Jeremy Bowman</b> 8/7/08 215-702-9100	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		