

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036256

Entity Name: BOWSER MOTORS, LLC

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

924 ALT. 19
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

924 ALT. 19
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 20-4644966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWSER, HAROLD L
1448 INDIAN TRAILS NORTH
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

BOWSER, HAROLD L
1448 INDIAN TRAIL NORTH
PALM HARBOR, FL 34683 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: HAROLD L. BOWSER

02/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWSER, HAROLD L
Address: 1448 INDIAN TRAILS NORTH
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM () Delete
Name: BOWSER, LYNNE M
Address: 1448 INDIAN TRAILS NORTH
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOWSER, HAROLD L
Address: 1448 INDIAN TRAIL NORTH
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM (X) Change () Addition
Name: BOWSER, LYNNE M
Address: 1448 INDIAN TRAIL NORTH
City-St-Zip: PALM HARBOR, FL 34683 US

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: HAROLD L. BOWSER

MAN

02/28/2007

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