## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 23, 2007 8:00 am Secretary of State

			•		_		•		
DOCUMENT # L06000071617  1. Entity Name BOWMAN COMMERCIAL PROPERTIES, LLC						03-23-2007		0 ****5	60.00
Principal Place of Business Mailing Address					1	6002818	<b>1</b> 1		
PO BOX 402 MIAMI BEACH	395	PO BOX 402395 MIAMI BEACH, FL 33140							
					£ 100 110 ft Art		ii: <b>38</b> 3ii 1 <b>78</b> 54 11818		ENE III INNI
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State			4. FEI Numb	er 14-54811	13	<del> </del>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add e Require	
<del></del>	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New F	Registered Age	ent .	
BOWMAN, ROSEHELEN 4475 MERIDIAN AVE				Name Street Address (P.O. Box Number is Not Acceptable)					
	ACH, FL 33139		0.10017.00100						
	•		City					Zip Code	
							FL	•	
8. The above the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing its re	gistered offic	e or register	red agent, or bo	th, in the State of Fl	orida. I am fan	niliar with,	and accept
o oogu	S.								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Apent s	ionature required	d when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2007						ke check pay a Departmen		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ss 447	R SE HELEN B 5 MERIDIAN AMI BEACH, I	AVE	<u></u>	Change	Addition
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ Solid	NAME STREET ADDRI CITY-ST-ZIP	ess_			_	onange	Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·· Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			C	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, A		TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA Sti		TITLE NAME STREET ADOR CITY-ST-21P	ESS			[	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			Florida Statutas II		Change	Addition

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: X SUIJES SOME SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

V March 19-2007

Date

Daytime Phone #