2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# L07000004713

Entity Name: 4105 FOWLER, LLC

Current Principal Place of Business:

6679 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

6679 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-8242101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINER, DONALD
6679 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

WEINER, BARBARA MBR
6679 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496 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: BARBARA WEINER 02/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEINER, DONALD
Address: 6679 NEWPORT LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete
Name: WEINER, BARBARA
Address: 6679 NEWPORT LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEINER, DONALD MBR
Address: 6679 NEWPORT LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM (X) Change ( ) Addition
Name: WEINER, BARBARA MBR
Address: 6679 NEWPORT LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA WEINER MBR 02/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date