
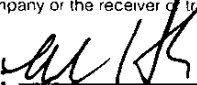


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90023 046 \*\*\*138.75

<b>DOCUMENT # L07000051485</b> 1. Entity Name <b>MJSBOWMAN, LLC</b>					
Principal Place of Business <b>1229 S.W. CYNTHIA STREET PORT ST. LUCIE, FL 34983</b>			Mailing Address <b>1229 S.W. CYNTHIA STREET PORT ST. LUCIE, FL 34983</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FCH Number <b>26-0214127</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWMAN, MARGARET J 1229 S.W. CYNTHIA STREET PORT ST. LUCIE, FL 34983</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOWMAN, MARGARET J 1229 S.W. CYNTHIA STREET PORT ST. LUCIE, FL 34983</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SECURITY TRUST CO., INC. 223 N. PROSPECT STREET, STE 202 HAGERSTOWN, MD 21740</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>1/14/08 301-665-2830</b>		
<b>SIGNATURE:</b> 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

60003273



01142008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable