

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90128 041 \*\*\*143.75

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| <b>DOCUMENT # L07000052641</b><br>1. Entity Name<br><b>BOWGARD, LLC</b>  |  |  |   |
| Principal Place of Business<br><b>1819 MAIN STREET STE 610<br/>SARASOTA, FL 34236</b>  |  | Mailing Address<br><b>1819 MAIN STREET STE 610<br/>SARASOTA, FL 34236</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>405 Bay Palms Drive</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>689 Wellington Way</b><br>Suite, Apt. #, etc.   |   |
| City & State<br><b>Holmes Beach, FL</b><br>Zip <b>34217</b> Country <b>USA</b>   |  | City & State<br><b>Lexington, KY</b><br>Zip <b>40503</b> Country <b>USA</b>  |   |
| 4. FEI Number  |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | <b>\$5.00 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>COMPTON, JOHN M ESQ<br/>1819 MAIN STREET STE 610<br/>SARASOTA, FL 34236</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Edward W. Gardner</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3807 Saddle Ridge Street</b><br>City <b>Valrico</b> State <b>FL</b> Zip Code <b>33596</b> |   |
| 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.<br>SIGNATURE <u><i>Edward W. Gardner</i></u> DATE <u>4/2/2008</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | Make check payable to<br><b>Florida Department of State</b>  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>COMPTON, JOHN M ESQ<br>1819 MAIN STREET STE 610<br>SARASOTA, FL 34236<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Managing Member<br>Edward W. Gardner<br>3807 Saddle Ridge Street<br>Valrico, FL 33596<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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. |  |  |   |
| SIGNATURE: <u><i>Edward W. Gardner</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | (859) 533-0734<br><small>Date Daytime Phone #</small>  |   |