

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000097284

1. Entity Name
FOWLER AVENUE, LLC



Principal Place of Business
202 EAST CENTER STREET
TARPON SPRINGS, FL 34689 US

Mailing Address
202 EAST CENTER STREET
TARPON SPRINGS, FL 34689 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1235659

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOKOLAKIS, JOSEPH J
202 EAST CENTER STREET
TARPON SPRINGS, FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

Change Addition

TITLE MGRM
NAME KOKOLAKIS, JOSEPH J
STREET ADDRESS 202 EAST CENTER STREET
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 person authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joseph J. Kokolakis 1/30/08 727-942-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #