


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 048 ***143.75

DOCUMENT # L07000101963	
1. Entity Name LAW OFFICES OF FARR AND BOWEN P.L.	

Principal Place of Business 189 S ORANGE AVENUE SUITE 1850 S. ORLANDO, FL 32801	Mailing Address 145 FIG TREE RUN LONGWOOD, 32750
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 189 S. ORANGE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1850 S.
City & State	City & State ORLANDO FL
Zip	Country
32801	

60003522



01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1181466	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FARR, MATTHEW T 145 FIG TREE RUN LONGWOOD, FL 32750	
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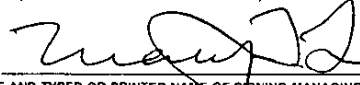
7. Name and Address of New Registered Agent	
Name - SAME -	
Street Address (P.O. Box Number is Not Acceptable) 189 S. ORANGE AVENUE	
SUITE 1850 S.	
City ORLANDO	FL Zip Code 32801

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 	MATTHEW T. FARR, ATTORNEY AT LAW	21 JAN 2008
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGING MEMBER MATTHEW FARR 189 S. ORANGE AVE STE 1850 S. ORLANDO FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGING MEMBER JENNIFER BOWEN PINTO 189 S. ORANGE AVE STE 1850 S. ORLANDO FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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: 	MATTHEW T. FARR	21 JAN 08	407-409-8270
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	