

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000126276	
1. Entity Name DOWMAN HOLDING LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 4:12



Principal Place of Business 1500 HARRIS CIRCLE WINTER PARK FL 32789	Mailing Address 1500 HARRIS CIRCLE WINTER PARK FL 32789
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1st MOORE CR2E083 (10/07)

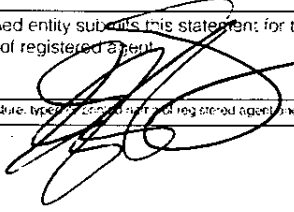
2. Principal Place of Business - No P.O. Box # 300 PARK AVE N	3. Mailing Address 300 PARK AVE N
Suite, Apt. #, etc. 4101	Suite, Apt. #, etc. 101
City & State WINTER PARK FL	City & State WINTER PARK FL
Zip 32789	Country USA

4. FEI Number 26-1606707	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DOWMAN, WALTER J 1500 HARRIS CIRCLE WINTER PARK FL 32789

7. Name and Address of New Registered Agent Name: JEFF DOWMAN Street Address (P.O. Box Number is Not Acceptable): 1500 HARRIS CIRCLE City: WINTER PARK FL Zip Code: 32789
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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:  DATE: 4/22/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when retreating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DOWMAN, WALTER J 1500 HARRIS CIRCLE WINTER PARK FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500125504925 ☐ Change ☐ Addition 04/24/08--01008--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4-2-08

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