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	Mailing Address
1500 HARRIS CIRCLE WINTER PARK FL 32789	1500 HARRIS CIRCLE WINTER PARK FL 32789

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
300 PARK AVE N		300 PARK AVE N	
Suite, Apt. #, etc.: B101		Suite, Apt. #, etc.: 101	
City & State: WINTER PARK FL		City & State: WINTER PARK FL	
Zip: 32789	Country: USA	Zip: 32789	Country: USA

4. FEI Number: 26-1606727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOWMAN, WALTER J 1500 HARRIS CIRCLE WINTER PARK FL 32789	Name: JEFF DOWMAN Street Address (P.O. Box Number is Not Acceptable): 1500 HARRIS CIRCLE City: WINTER PARK FL Zip Code: 32789

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 ______________________ 2/22/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		
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	S00125504925 04/24/08--01008--002 **300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/22/08	☐ 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 Date Daytime Phone #