

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000895

FILED
Mar 27, 2007
Secretary of State

Entity Name: ROBERT LEE FOWLER, LLC

Current Principal Place of Business:

201 ORCHARD STREET
LEAVENWORTH, WA 98826

New Principal Place of Business:

Current Mailing Address:

201 ORCHARD STREET
LEAVENWORTH, WA 98826

New Mailing Address:

FEI Number: 20-3660140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, ROBERT
4519 LEE BLVD.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

FOWLER, ROBERT
5598 8TH ST W; SUITE 2
LEHIGH ACRES, FL 33971 US

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.

SIGNATURE:

03/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOWLER, ROBERT
Address: 4519 LEE BLVD.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGR () Delete
Name: J-NISSI,
Address: 14131 CEDARDALE STREET
City-St-Zip: FT. MYERS, FL 33905

Title: MGR () Delete
Name: J-JIREH,
Address: 1001 DUTCH ROAD
City-St-Zip: CARROLLTOWN, PA 15722

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOWLER, ROBERT
Address: 5598 8TH ST W; SUITE 2
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT FOWLER

MGR

03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date