

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000895

FILED  
May 05, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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 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

05/05/2008

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