

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015560

FILED
May 06, 2006
Secretary of State

Entity Name: THE OWENS GROUP ENTERPRISES, LLC

Current Principal Place of Business:

3832-010 PMB 370
BAYMEADOWS ROAD
JAX, FL 32217

New Principal Place of Business:

Current Mailing Address:

3832-010 PMB 370
BAYMEADOWS ROAD
JAX, FL 32217

New Mailing Address:

FEI Number: 59-3496493 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

OWENS, GREGORY
4873 JAYBIRD CIRCLE NORTH
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: OWENS, GREGORY
Address: 4873 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257

Title: VS () Delete
Name: OWENS, JANET G
Address: 4873 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: OWENS, GARRET J
Address: 4873 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: OWENS, MORGAN E
Address: 4873 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257

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:

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: GREGORY OWENS

MGRM

05/06/2006

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