2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L01000015560

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 ( )**

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:	4673 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:	MGR	(X) Change ( ) Addition
Name:	OWENS, GARRET J	
Address:	4873 JAYBIRD CIRCLE N	
City-St-Zip:	JACKSONVILLE, FL 32257	
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 04/24/2007

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