

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000016099

Entity Name: OWEN INDUSTRIES, LLC

FILED
Jun 28, 2006
Secretary of State

Current Principal Place of Business:

500 WEST 83 STREET
HIALEAH, FL 33014

New Principal Place of Business:

425 N.W. 26 STREET
MIAMI, FL 33136

Current Mailing Address:

500 WEST 83 STREET
HIALEAH, FL 33014

New Mailing Address:

425 N.W. 26 STREET
MIAMI, FL 33136

FEI Number: 52-2344995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGUART, ANTHONY M MR.
500 WEST 83 STREET
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

WEBER, MARIA MRS.
425 N.W. 26 STREET
MIAMI, FL 33136 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: MARIA E. WEBER

06/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANGUART, ANTHONY M MR.
Address: 20 CALABRIA AVE. UNIT 304
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEBER, MARIA E MRS.
Address: 101 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Change (X) Addition
Name: ANDREWS, FRANK J MR
Address: 114 WEST DUFFY ST
City-St-Zip: SAVANNAH, GA 31401

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: MARIA E. WEBER

MRS.

06/28/2006

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