

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008887

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** OWENS REAL ESTATE HOLDINGS, LLC

**Current Principal Place of Business:**

12853 BANYAN CREEK DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

4560 VIA ROYALE #1  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O 1031 REAL ESTATE EXCHANGE SVC LC  
12853 BANYAN CREEK DRIVE  
FORT MYERS,, FL 33908

**New Mailing Address:**

4560 VIA ROYALE #1  
FORT MYERS, FL 33919

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

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

ISLAND FINANCIAL SERVICES, INC  
12853 BANYAN CREEK DRIVE  
FORT MYERS, FL 33908    US

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

ISLAND FINANCIAL SERVICES, INC  
4560 VIA ROYALE #1  
FORT MYERS, FL 33919    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: DAVID A OWENS

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM        ( ) Delete  
Name:            ISLAND FINANCIAL SERVICES, INC  
Address:        12853 BANYAN CREEK DRIVE  
City-St-Zip:    FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title:            MGRM        (X) Change ( ) Addition  
Name:            ISLAND FINANCIAL SERVICES, INC  
Address:        4560 VIA ROYALE #1  
City-St-Zip:    FORT MYERS, FL 33919

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: DAVID A OWENS

MGMR

04/20/2009

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