2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008887

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

OWENS REAL ESTATE HOLDINGS, LLC



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90007 007 ****50.00

				<u> </u>						
Principal Plac	e of Business	Mailing Address	Mailing Address							
695 TARPON BAY RD. #5 SANIBEL FL 33957		C/O 1031 REAL ESTATE EXCHANGE SERVICES LC 695 TARPON BAY RD #5 SANIBEL FL 33957				:00 0 0 0 0 0 0 0 0 0 0 0	141 1111 1114 1141			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEIN	lumber			Applied For Not Applicable		
Zip	Country	Zip	Cour	Country		ficate of Status Desired		5.00 A ee Requi	dditional red	
	6. Name and Address of Curre	nt Registered Agent			7. Nam	e and Address of New	Registered Ag	jent]
				Name						1==
OWENS, DAVID 695 TARPON BAY RD. #5 SANIBEL FL 33957					Street Address (P.O. Box Number is Not Acceptable)					
SAN	NIBEL FL 3395/									l
				City			FL	Zip Co	ode	
the obligat	named entity submits this statementions of registered agent.	t for the purpose of changing	g its register	ed office or	registered agent,	or both, in the State of	Florida. I am far	miliar witl	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	NOTE: Registere	ed Agent signate	ure required when reinstat	ing)	DATE			
		Make Check Pay	NOW!!! rable to FI Due By M	orida Dej	partment of Sta	te				
				· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES				4	
9.	MANAGING MEN	BERS/MANAGERS	10.			MEMBER .		Change	e 🗖 Addition	16
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RIGNATURE WILLIAM ATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition