

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019913

Entity Name: OWEN ALLEN, LLC

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

430 N. ORLANDO AVENUE, SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

430 N. ORLANDO AVENUE, SUITE 100
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 45-0490478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICK, JAMES J
608 EAST CENTRAL BOULEVARD
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ALLEN, REBECCA D
2215 CATBRIAR WAY
OVIEDO, FL 32765 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: REBECCA D. ALLEN

01/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OWENS, PHILLIP C
Address: 1509 SUNSET POINTE PL.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: OWENS, MARIAN L
Address: 1509 SUNSET POINTE PL.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: ALLEN, REBECCA D
Address: 2215 CATBRIAN WAY
City-St-Zip: OVIEDO, FL 32765

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REBECCA D. ALLEN

MGR

01/04/2005

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