


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90133 019 ****50.00

DOCUMENT # L03000012707 1. Entity Name OWEN GOLF & DESIGN, LLC																																																																																																																																			
Principal Place of Business 5000 STURBRIDGE COURT SARASOTA FL 34238				Mailing Address 5000 STURBRIDGE COURT SARASOTA FL 34238																																																																																																																															
2. Principal Place of Business 1909 FIELD RD. Suite, Apt. #, etc.		3. Mailing Address 1909 FIELD RD. Suite, Apt. #, etc.																																																																																																																																	
City & State SARASOTA, FL.		City & State SARASOTA FL.		4. FEI Number 20-0006188																																																																																																																															
Zip 34231		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent OWEN, JAMES 5000 STURBRIDGE COURT SARASOTA FL 34238 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																															
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>James E. Owen</i></u> (NOTE: Registered Agent signature required when reissuing) DATE																																																																																																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR <input type="checkbox"/> Delete</td> <td style="width: 40%;">TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OWEN, JAMES</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 STURBRIDGE COURT, 1909 FIELD RD.</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34238 34231</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td>MGR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OWEN, SALLY</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 STURBRIDGE COURT, 1909 FIELD RD.</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34238 34231</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	OWEN, JAMES	NAME				STREET ADDRESS	5000 STURBRIDGE COURT, 1909 FIELD RD.	STREET ADDRESS				CITY-ST-ZIP	SARASOTA FL 34238 34231	CITY-ST-ZIP				TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	OWEN, SALLY	NAME				STREET ADDRESS	5000 STURBRIDGE COURT, 1909 FIELD RD.	STREET ADDRESS				CITY-ST-ZIP	SARASOTA FL 34238 34231	CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																																																																			
SIGNATURE: <u><i>James E. Owen</i></u> 4/30/04 941-925-8190 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																			