

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90033 019 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000020861 1. Entity Name OWEN VENTURES, LLC					
Principal Place of Business 519 PALM DRIVE HALLANDALE FL 33009			Mailing Address 519 PALM DRIVE HALLANDALE FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0062278	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OWEN, CAROL R 519 PALM DRIVE HALLANDALE FL 33009				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: <i>Carol R. Owen</i> DATE: 4-15-04 <small>Signature, typed or printed name of registered agent and entity applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWEN, CAROL R 519 PALM DRIVE HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWEN, PAMELA N 519 PALM DRIVE HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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. 954-454-2724					
SIGNATURE: <i>Carol R. Owen</i> DATE: 4-15-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Daytime Phone # **954-454-2724**
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