

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90057 035 \*\*\*\*50.00

DOCUMENT # *Owen Ventures LLC.*

1. Entity Name

*L03000020861*



**DO NOT WRITE IN THIS SPACE**

40000100

2. Principal Place of Business

*519 Palm Dr*  
Suite, Apt. #, etc.

3. Mailing Address

*519 Palm Dr.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Hallandale Beach Fl.*

City & State

*Hallandale Beach*

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
*33009*

Country  
*USA*

Zip  
*33009*

Country  
*Broward*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Carol R. Owen*

Street Address (P.O. Box Number is Not Acceptable)  
*519 Palm Dr Hallandale Beach*

City

FL

Zip Code  
*33009*

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Carol R. Owen General Partner 519 Palm Dr Hallandale Beach Fl.</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE: *CAROL R. OWEN*

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

*3-5-05 9544542724*

Date

Daytime Phone

CR2E083B (12/02)