2006 LIMITED LIABILITY COMPANY

FILED Jan 17, 2006 8:00 am Secretary of State

| ANNOAL REPORT | | | | | | Secretary or State | | |
|---|--|---|--|--|-------------------------|--------------------------------|--|--|
| DOCUMENT # L03000020861 1. Entity Name OWEN VENTURES, LLC | | | | | | 01-17-2006 90064 023 ****50.00 | | |
| Principal Place of Business 519 PALM DRIVE HALLANDALE, FL 33009 | | Malling Address 519 PALM DRIVE HALLANDALE, FL 33009 | | | 20001078 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01122006 | Chg-LLC | CR2E083 (11/05) | | |
| City & State | | City & State | | 4. FEI Numb 20-006 | _ | | plied For ot Applicable | |
| Zip | Country | Zip Country | | iry | 5. Certificate | of Status Desired | S5.00 Add Fee Require | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | | Name D | ا ماموره | 1 000- | | |
| OWEN, CA | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TALLAND | ALE, FL 33009 | -10- | | Palm | 7- | | | |
| | \bigcap | Cin(1) -11-1 | | nasla | Beach | FL Zipse | 1-11G | |
| 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 act the obligations of religistered agent. SIGNATURE Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | and accept | | |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: | Registered | Agent signature requ | uired when reinstating) | | DATE | |
| Fi | Signature, typed of printed name of registered agent of the second secon | and title if applicable. (NOTE. | ; Registered | i Agent signature requ | uired when reinstating) | Mak | e check payable to Department of State | . |
| Fi | iling Fee is \$50.00 | | : Registered | i Agenti signature requ | uked when reinstating) | Mak | e check payable to | 8 |
| Fi | iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE | | | | ulred when reinstating) | Mak Florida | e check payable to | Addition |
| 9. TILE NAME | iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGRM OWEN, CAROL R | RS/MANAGERS | 10. TITLE | : | uked when reinstating) | Mak Florida | DATE check payable to Department of State | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGRM OWEN, CAROL R 519 PALM DRIVE | RS/MANAGERS | 10. TITLE NAME STREE | : et address | uked when reinstating) | Mak Florida | DATE check payable to Department of State | |
| 9. TITLE NAME STREET ADDRESS CHY-SI-ZIP | Iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGRM OWEN, CAROL R 519 PALM DRIVE HALLANDALE, FL 33009 | RS/MANAGERS Detate | 10. TITLE NAME STREE CITY- | ET ADDRESS ST-ZIP | uled when reinstating) | Mak Florida | e check payable to a Department of State CHANGES | Addition |
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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 seceiver or troughe empanyed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: UNW SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE