2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-16-2006 90031 023 ****50.00

DOCUMENT # L03000034288

1. Entity Name

OWENS RANCH LLC

Principal Place of Business	Mailing Address
~~202 JEAN LAFITTE BLVD.~~ ~~FERNANDINA BEACH FL 32034~~	P.O. BOX 810 FERNANDINA BEACH FL 32035

2. Principal Place of Business	3. Mailing Address
2058 OAK MARSH DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FERNANDINA BEACH, FL	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number: 16-1683141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, ROBERT L
28 SOUTH 10TH ST.
FERNANDINA BEACH FL 32034

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, WILLIAM R ~~202 JEAN LAFITTE BLVD.~~ ~~FERNANDINA BEACH FL 32034~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2058 OAK MARSH DRIVE FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: William R Doyle 3-29-06 904-277-3932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #