# LIMITED LIABILITY COMPANY
## ANNUAL REPORT (AR)

**DOCUMENT #** L 0 30000 45031

**1.** Entity Name

Thomas P. Owens LLC

## DO NOT WRITE IN THIS SPACE

20003907

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 379 Plantation Rd. | 379 Plantation Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CR2E083B (8/05)

| City & State | City & State | 4. FEI Number | | Applied For |
|---|---|---|---|---|
| wewahitchka FL. | wewahitchka FL. | 255-27-3330 | | Not Applicable |

| Zip | Country | Zip | Country | 5. Certificate of Status Desired | $5.00 Additional Fee Required |
|---|---|---|---|---|---|
| 32465 | Gulf | 32465 | Gulf | | |

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Thomas P. Owens

Street Address (P.O. Box Number is Not Acceptable)
379 Plantation Rd.

wewahitchka

City                 FL   Zip Code 32465

**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 | "MGR" | TITLE | |
|---|---|---|---|
| NAME | Thomas P. Owens | NAME | |
| STREET ADDRESS | 379 Plantation Rd | STREET ADDRESS | |
| CITY-ST-ZIP | wewahitchka, FL. 32465 | CITY-ST-ZIP | |

| TITLE | | TITLE | |
|---|---|---|---|
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

| TITLE | | TITLE | |
|---|---|---|---|
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | DO NOT WRITE |
| CITY-ST-ZIP | | CITY-ST-ZIP | IN THIS SPACE |

| TITLE | | TITLE | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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| TITLE | | TITLE | |
|---|---|---|---|
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**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:** Thomas P. Owens    Thomas P. Owens    1-25-06    850-639-2119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #