2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000010515

1. Entity Name PATEL, OWEN & ASSOCIATES, L.C.



FILED Mar 24, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

17075 DOLPHIN DRIVE NORTH REDINGTON BEACH, FL 33708 17075 DOLPHIN DRIVE NORTH REDINGTON BEACH, FL 33708



02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0726962 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ. C/O O"CONNOR & ASSOCIATES 1250 S BELCHER ROAD, SUITE 160 LARGO, FL 33771

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LARGO, F	FL 33771	. IIN	INIS SPACE
8. The above the obligat	e named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, PETER T 17075 DOLPHIN DRIVE NORTH REDINGTON BEACH, FL 33708		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000868589
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	04/09/08-80015-007 138.75 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			· · · · · · · · · · · · · · · · · ·

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP

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

20 March 2007

727-235-832

Daytime Phone #