
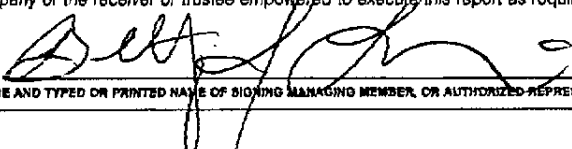


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L04000020937</b><br>1. Entity Name<br><b>OWL TRUST, LLC</b>  |   |  |
| Principal Place of Business<br><b>3823 WEST OBISPO STREET<br/>TAMPA, FL 33629</b>  | Mailing Address<br><b>3823 WEST OBISPO STREET<br/>TAMPA, FL 33629</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FARRELL, SCOTT T<br/>101 EAST KENNEDY BLVD., STE. 2700<br/>TAMPA, FL 33602</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LEWIS, BETTY J<br>3823 W OBISPO ST<br>TAMPA, FL 33629         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |   | <b>2/12/06 813477-76</b><br><small>Date Daytime Phone #</small>                   |



02122006 No Chg-LLC

CR2E083 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-0946831</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

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02/25/06-80003-002 50.00

**DO NOT WRITE  
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