


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022765 1. Entity Name OWENS & SMITH, LLC	
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Principal Place of Business 2316 WEST 23RD STREET PANAMA CITY, FL 32405 US	Mailing Address 2316 WEST 23RD STREET PANAMA CITY, FL 32405 US
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0908123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OWENS, MELVIN E 1216 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, WILLIAM F 113 SWAMP HAVEN ROAD VERNON, FL 32462
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04/04/06-80040-007 50.00

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

Date

Daytime Phone #

3-2-06