

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026085

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** LAW OFFICES OF JOY N. OWENBY, P.L.

**Current Principal Place of Business:**

550 WATER STREET  
1375  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

PO BOX 1185  
ORANGE PARK, FL 32067 US

**New Principal Place of Business:**

550 WATER STREET  
1355  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 20-0964186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWENBY, JOY N  
550 WATER STREET  
1375  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

OWENBY, JOY N  
550 WATER STREET  
1355  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: JOY OWENBY

04/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: OWENBY, JOY N  
Address: 550 WATER STREET, SUITE 1375  
City-St-Zip: JACKSONVILLE, FL 32202 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OWENBY, JOY N  
Address: 550 WATER STREET, SUITE 1355  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOY OWENBY

MGRM

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date