2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90035 027 ****55.00

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1. Entity Name
OWENS, LAWRENCE E. LLC

Principal Place of Business	Mailing Address
15885 N.W. GAINESVILLE ROAD REDDICK, FL 32686	P.O. BOX 127 REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE

04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
50-3279185
[X] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, LAWRENCE E, Sr.
15885 N.W. GAINESVILLE ROAD
REDDICK, FL 32686

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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: Lawrence E. Owens Sr 4-20-06
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	MGR
NAME	OWENS, LAWRENCE E SR
STREET ADDRESS	15885 N.W. GAINESVILLE ROAD
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	Vic MGR
NAME	Lawrence E. Owens, Jr.
STREET ADDRESS	5434 N.E. 12th Ave.
CITY-ST-ZIP	Ocala, FL 34479
TITLE	Treasurer/Secretary
NAME	Alfonso Owens
STREET ADDRESS	15750 NW 42rd Ct
CITY-ST-ZIP	Reddick, FL 32686
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lawrence E. Owens Sr 4-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #