

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080775

FILED
Apr 17, 2007
Secretary of State

Entity Name: OWENS CONSTRUCTION LLC

Current Principal Place of Business:

15885 N.W. GAINESVILLE ROAD
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 127
REDDICK, FL 32686

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWENS, LAWRENCE E SR
Address: 15885 N.W. GAINESVILLE ROAD
City-St-Zip: REDDICK, FL 32686

Title: MGRV () Delete
Name: LAWRENCE, OWNES E JR
Address: 5434 NE 12TH AVE
City-St-Zip: OCALA, FL 34479

Title: TS () Delete
Name: OWENS, ALFONSO
Address: 15750 NW 43RD CT
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LAWRENCE OWENS

MGR

04/17/2007

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