2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# L04000080775

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: 50-3279185 **FEI Number Applied For ( )** **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 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 SR. MGR 04/04/2009

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