


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90022 022 ****55.00

DOCUMENT # L04000093600	
1. Entity Name FRANK OWENS' AUTO CARE CENTER, LLC	

Principal Place of Business 2 SOUTH SUMMIT STREET CRESCENT CITY, FL 32112	Mailing Address 2 SOUTH SUMMIT STREET CRESCENT CITY, FL 32112
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2. Principal Place of Business	3. Mailing Address P.O. Box 407
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Crescent City, FL
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Zip	Country	Zip 32112	Country Putnam
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04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2234733	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LANGSTON, CECILE F 1424 CR 309 GEORGETOWN, FL 32139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-registering)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWENS, FRANK D 1424 CR 309 GEORGETOWN, FL 32139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGSTON, CECILE F 1424 CR 309 GEORGETOWN, FL 32139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Cecile F. Langston	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 4-08-05	Signature Stamp 386-698-1031
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