


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90355 021 \*\*\*\*55.00

<b>DOCUMENT # L04000093600</b>			
1. Entity Name FRANK OWENS' AUTO CARE CENTER, LLC			
Principal Place of Business 2 SOUTH SUMMIT STREET CRESCENT CITY, FL 32112 US		Mailing Address PO BOX 407 CRESCENT CITY, FL 32112 US	
2. Principal Place of Business - No P.O. Box # 352 SOUTH SUMMIT ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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) 150 BASS TRAIL CRESCENT ESTATES City CRESCENT CITY FL Zip Code 32112	
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 <u>Cecile F. Langston</u> CECILE F. LANGSTON 4/15/07 Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 BASS TRAIL, CRESCENT ESTATES CRESCENT CITY, FL 32112
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 BASS TRAIL, CRESCENT ESTATE CRESCENT CITY, FL 32112
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Cecile F. Langston CECILE F. LANGSTON 4/15/07 386-698-1031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #