


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90355 021 ****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 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.
---	---

City & State Zip Country	City & State Zip Country	4. FEI Number 35-2234733	Applied For Not Applicable
-----------------------------	-----------------------------	------------------------------------	-------------------------------



03182007 Chg-LLC CR2E083 (12/06)

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 Cecile F. Langston **CECILE F. LANGSTON** 4/15/07
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, 2007		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OWENS, FRANK D			NAME	105 BASS TRAIL, CRESCENT ESTATES		
STREET ADDRESS	1424 CR 309			STREET ADDRESS	CRESCENT CITY, FL 32112		
CITY-ST-ZIP	GEORGETOWN, FL 32139			CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGSTON, CECILE F			NAME	105 BASS TRAIL, CRESCENT ESTATE		
STREET ADDRESS	1424 CR 309			STREET ADDRESS	CRESCENT CITY, FL 32112		
CITY-ST-ZIP	GEORGETOWN, FL 32139			CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 #