


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90224 020 ***138.75

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

Principal Place of Business 352 SOUTH SUMMIT ST CRESCENT CITY, FL 32112 US	Mailing Address PO BOX 407 CRESCENT CITY, FL 32112 US
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2. Principal Place of Business - No P.O. Box # 220 1st Street, N.	3. Mailing Address P.O. Box 204
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Satsuma, FL	City & State Satsuma, FL
Zip 32189	Zip 32189
Country Vietnam	Country Vietnam

6. Name and Address of Current Registered Agent LANGSTON, CECILE F 150 BASS TRAIL CRESCENT CITY, FL 32112	
7. Name and Address of New Registered Agent Name Langston, Cecile F. Street Address (P.O. Box Number is Not Acceptable) 220 1st Street, N Apt A P.O. Box 204 City Satsuma FL Zip Code 32189	

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 <i>Cecile F. Langston</i>	DATE 3/26/08

FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	OWENS, FRANK D <input type="checkbox"/> Delete	TITLE MGRM	OWENS, FRANK D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 BASS TRAIL CRESCENT ESTATES		STREET ADDRESS 220 1ST STREET, N. APT A	
CITY-ST-ZIP CRESCENT CITY, FL 32112		CITY-ST-ZIP SATSUMA, FL 32189	
TITLE MGRM	LANGSTON, CECILE F <input type="checkbox"/> Delete	TITLE MGRM	CECILE F. LANGSTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 BASS TRAIL CRESCENT ESTATE		STREET ADDRESS 220 1ST ST. N., APT A	
CITY-ST-ZIP CRESCENT CITY, FL 32112		CITY-ST-ZIP SATSUMA, FL 32189	
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: <i>Cecile F. Langston</i>	DATE: 3/26/08 DAYTIME PHONE: 386-649-5669