

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011236

Entity Name: MIKE OWENS L.L.C.

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

645 E. THRASHER DR.
BRINSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

PO BOX 852
BRONSON, FL 32621

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, MIKE
645 E. THRASHER DR.
BRINSON, FL 32621 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, MIKE
Address: PO BOX 852
City-St-Zip: BRONSON, FL 32621

Title: MGRM () Delete
Name: OWNES, JAMES
Address: PO BOX 52
City-St-Zip: ARCHER, FL

Title: MGRM () Delete
Name: OWENS, MIKEY
Address: 390 BLITCH ST.
City-St-Zip: BRONSON, FL 32621

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 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: MIKE OWENS

MGR

04/23/2006

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