

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082337

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** KARL R. OWENS, JR., REALTY, LLC

**Current Principal Place of Business:**

1203-B N. W. 16TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1203-B N. W. 16TH AVENUE  
GAINESVILLE, FL 32601

**New Mailing Address:**

3610 NW 166TH AVE  
GAINESVILLE, FL 32609

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITEKA, PHIL S  
537 N. E. 1ST STREET  
SUITE # 3  
GAINESVILLE, FL 32601 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, KARL R JR.  
Address: 1203-B N. W. 16TH AVENUE  
City-St-Zip: GAINESVILLE,, FL 32601

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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:** KARL R. OWENS, JR

MGR

02/19/2009

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