


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90044 008 ****55.00

DOCUMENT # L05000084821 1. Entity Name OWENS LIMITED LIABILITY COMPANY					
Principal Place of Business 225 LAND DRIVE WEWAHITCHKA, FL 32465			Mailing Address 225 LAND DRIVE WEWAHITCHKA, FL 32465		
2. Principal Place of Business 142-A N. Hwy 71		3. Mailing Address 142-A N. Hwy 71			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Wewahitchka FL		City & State Wewahitchka, FL		4. FEI Number 	
Zip 32465		Country Gulf		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32465		Country Gulf		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATLOCK, GEORGE V 1545 RAYMOND DIEHL ROAD, SUITE 250 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Anna E. Owens Street Address (P.O. Box Number is Not Acceptable) 142-A N. Hwy 71 City Wewahitchka FL Zip Code 32465	
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><i>Betty L. Owens</i></u> MGRM 7-10-06 DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWENS, BETTY G 225 LAND DRIVE WEWAHITCHKA, FL 32465	<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	MGRM OWENS, DURWARD L 225 LAND DRIVE WEWAHITCHKA, FL 32465	<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	D Anna E. Owens 142-A N. Hwy 71 Wewahitchka, FL 32465 <input type="checkbox"/> Change <input checked="" 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
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: <u><i>Betty L. Owens</i></u> 7-10-06 MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					