


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-08-2006 90044 009 ****55.00

DOCUMENT # L05000084823					
1. Entity Name OWENS SISTERS, LLC					
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 Suite, Apt. #, etc.		3. Mailing Address 142-A N. Hwy 71 Suite, Apt. #, etc.			
City & State Newahitchka FL		City & State Newahitchka, FL		4. FEI Number 07112006 Chg-LLC CR2E083 (11/05)	
Zip 32465		Country Gulf		Applied For <input checked="" type="checkbox"/> Not Applicable	
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 <u>Anna E. Owens</u> Street Address (P.O. Box Number is Not Acceptable) 142-A N. Hwy 71 City <u>Newahitchka</u> FL <u>32465</u>				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>Anna E. Owens</u> 7-10-06 MGR DATE	
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	MTRM OWENS, LIBBY 14809 HERONGLEN DRIVE LITHIA, FL 33547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Anna E. Owens 142-A N. Hwy 71 Newahitchka, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jan G. Traylor 1987 Americus Ave Port St Joe, FL 32456	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jan G. Traylor 1987 Americus Ave Port St Joe, FL 32456	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>Anna E. Owens</u> 7-10-06 MGR 813-294-6347					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Anna E. Owens AKA Libby Owens