

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127027

FILED
Apr 15, 2009
Secretary of State

Entity Name: LAW OFFICE OF JOHN OWENS, LLC

Current Principal Place of Business:

45 MADEORE STREET
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

400 HIGH TIDE DRIVE
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

45 MADEORE STREET
SAINT AUGUSTINE, FL 32084

New Mailing Address:

P.O. BOX 840136
SAINT AUGUSTINE, FL 320800136

FEI Number: 26-1684120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, JOHN E
45 MADEORE STREET
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

OWENS, JOHN E
400 HIGH TIDE DRIVE
SAINT AUGUSTINE, FL 32080 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OWENS, JOHN E
Address: 45 MADEORE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OWENS, JOHN E
Address: 400 HIGH TIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: JOHN E. OWENS

MGRM

04/15/2009

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