2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

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Entity Name: LAW OFFICE OF JOHN OWENS, LLC

Current Principal Place of Business:

400 HIGH TIDE DRIVE
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 840136
SAINT AUGUSTINE, FL 320800136

New Mailing Address:

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
400 HIGH TIDE DRIVE
SAINT AUGUSTINE, FL 32080 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: MGRM
Name: OWENS, JOHN E
Address: 400 HIGH TIDE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 Statues.

SIGNATURE: JOHN E OWENS MGRM 03/16/2011

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