


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90029 039 ****55.00

DOCUMENT # L99000003540 1. Entity Name OWENS-TILLMAN, L.L.C.	
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Principal Place of Business 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444	Mailing Address 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3494808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444
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**DO NOT WRITE
IN THIS SPACE**

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.

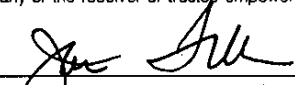
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWENS, MELVIN E 701 8TH CIRCLE 1216 Huntington Ridge Road LYNN HAVEN, FL 32444
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**DO NOT WRITE
IN THIS SPACE**

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:  **4/2/07** **850-265-2880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #