

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000075

1. Entity Name

OLMHP, L.L.C.

Principal Place of Business
12344 SEMINOLE BLVD
LARGO, FL 33778

Mailing Address
P.O. BOX 1732
LARGO, FL 33778-1732

FILED

01 FEB 22 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
12344 SEMINOLE BLVD

3. Mailing Address
P.O. BOX 1732

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LARGO, FLORIDA

City & State
LARGO, FLORIDA

4. FEI Number
373-70-5778

Applied For
Not Applicable

Zip 33778 Country PINELLAS

Zip 33778-1732 Country PINELLAS

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN ALLI
11625 WALSHINGHAM RD
LARGO, FL 33778

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE *Dean Alli*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	DEAN ALLI	11625 WALSHINGHAM RD	LARGO, FL 33778	<input type="checkbox"/>
ASSISTANT MANAGER	PAULETTE ALLI	11625 WALSHINGHAM RD	LARGO, FL 33778	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

800003782868--0
-02/27/01--01078--021
*****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dean Alli* DEAN ALLI

26-01 781-581-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/100)