

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90129 015 \*\*\*138.75



DOCUMENT # L01000000075  
1. Entity Name  
OLMHP, L.L.C.

Principal Place of Business: 12344 SEMINOLE BLVD, LARGO FL 33778  
Mailing Address: PO BOX 1732, LARGO FL 33779-1732



2. Principal Place of Business - No P.O. Box #: 11625 WALSINGHAM ROAD  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: LARGO FLORIDA  
Zip: 33778  
Country: [Blank]

4. FEI Number: NO-T APPLICABLE  
Applied For: [Not Applicable]

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

6. Name and Address of Current Registered Agent  
ALLI, DEAN C  
11625 WALSINGHAM ROAD  
LARGO FL 34648

7. Name and Address of New Registered Agent  
Name: [Blank]  
Street Address (P.O. Box Number is Not Acceptable): [Blank]  
City: [Blank] FL Zip Code: [Blank]

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: [Signature] DATE: [Blank]  
Signature, typed or printed name of registered agent and fee (if applicable) (NOTE: Registered agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		
TITLE: MGR	NAME: ALLI, DEAN	<input type="checkbox"/> Delete
STREET ADDRESS: 1672 FIELD FARE CT	CITY-ST-ZIP: DUNEDIN FL 34698	
TITLE: AMGR	NAME: ALLI, PAULETTE	<input type="checkbox"/> Delete
STREET ADDRESS: 1672 FIELD FARE CT	CITY-ST-ZIP: DUNEDIN FL 34698	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

10. ADDITIONS/CHANGES		
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE: Dean Alli 3-25-08 727-434-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone