

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000075

**FILED  
Jan 14, 2009  
Secretary of State**

Entity Name: OLMHP, L.L.C.

**Current Principal Place of Business:**

11625 WALSHINGHAM RD  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1732  
LARGO, FL 337791732

**New Mailing Address:**

FEI Number: 26-2352268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLI, DEAN C  
11625 WALSINGHAM ROAD  
LARGO, FL 34648 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: MGR ( ) Delete  
Name: ALLI, DEAN  
Address: 1672 FIELD FARE CT  
City-St-Zip: DUNEDIN, FL 34698

Title: AMGR ( ) Delete  
Name: ALLI, PAULETTE  
Address: 1672 FIELD FARE CT  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEAN ALLI      MGR      01/14/2009

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