


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057260
 1. Entity Name
 OLSON FAMILY INTERESTS, LLC



Principal Place of Business: 18307 AKINS DRIVE, SPRING HILL, FL 34610 US
 Mailing Address: 18307 AKINS DRIVE, SPRING HILL, FL 34610 US



01092006No Chg-LLC CR2E083 (11/05)
 4. FEI Number: 20-1440699 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 OLSON, ANDREA M
 18307 AKINS DRIVE
 SPRING HILL, FL 34610

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, ANDREA M 18307 AKINS DRIVE SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, CURTIS 18307 AKINS DRIVE SPRING HILL, FL 34610
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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: C Olson 1-11-06 727-495-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #