

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102511

Entity Name: OLCO 2, LLC

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

C/O BERJAN COLLIN
111 N. PINE ISLAND ROAD, SUITE 205
PLANTATION, FL 33324

Current Mailing Address:

C/O BERJAN COLLIN
111 N. PINE ISLAND ROAD, SUITE 205
PLANTATION, FL 33324

New Principal Place of Business:

C/O BERJAN COLLIN
6630 SW GATOR TRAIL
PALM CITY, FL 34990

New Mailing Address:

C/O BERJAN COLLIN
6630 SW GATOR TRAIL
PALM CITY, FL 34990

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DSOUZA, ELIAS L ESQ.
C/O ELIAS LEONARD DSOUZA, P.A.
111 N. PINE ISLAND ROAD, SUITE 205
PLANTATION, FL 33324 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: MGRM () Delete
Name: COLLIN, BERJAN
Address: 111 N. PINE ISLAND ROAD, SUITE 205
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLLIN, BERJAN
Address: 6630 SW GATOR TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Change (X) Addition
Name: OHLSON, KIERSTEN E
Address: 6630 SW GATOR TRAIL
City-St-Zip: PALM CITY, FL 34990

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: BERJAN COLLIN

MGRM

03/12/2008

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