

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037583

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** OLEY FAMILY OF FLORIDA, LLC

**Current Principal Place of Business:**

5824 HARBOUR PRESERVE CIRCLE  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

5824 HARBOUR PRESERVE CIRCLE  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 30-0493602      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GALBRAITH ASSOCIATES, P.C.  
1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110 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: OLEY, WILLIAM  
Address: 5824 HARBOUR PRESERVE CIRCLE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM ( ) Delete  
Name: OLEY, ARLENE  
Address: 5824 HARBOUR PRESERVE CIRCLE  
City-St-Zip: CAPE CORAL, FL 33914 US

**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: BRAD A. GALBRAITH

ATTY

04/23/2009

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