| 2001 UNIFORM BUSINESS REPORT (UBR) | | | | |
|---|---------------------------------------|-------------------------------|--------------|--|
| DOCUMENT # L0000011445 1. Entity Name | | | | FILED |
| OLIVE ENTERPRISES, L.L.C. | | | | The same of the sa |
| Principal Place of Business | Mailing Address | | | 01 FEB 15 AM 8:57 |
| 4881 SAN SOUCI NORTH PORT FL 34287 | 4881 SAN SOUCI NORTH PORT FL 34287 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | | | | |
| 2. Principal Place of Business 3357 Camballood Suite, Apt. #, etc. | Mailing Address Suite, Apt. #, etc. | 3.19 | | LISSING DI USIN SUN SUN SUN SUN SUN SUN NUMBER UND SUN |
| City & State | Gity & State 2 | | 4 | 4. FEI Number Applied For |
| Zip Country | Sib // SID | Country | | 5. Certificate of Status Desired Status Desired Status Desired |
| 6. Name and Address of Current F | Registered Agent | T . | | Fee Required 7. Name and Address of New Registered Agent |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE | ५ ५ ६ ०० चा व्य | Street A | <u> </u> | Sex Number is Not Acceptable Main Street |
| CORAL GABLES FL 33134 | | City 2 | | Zip Code. 2 |
| 8. The above named entity submits this statement for | the purpose of changing its rec | \sim | r registered | agent, or both, in the State of Florida. |
| SIGNATURE Signature, typed or united name of registered agent ar | 61 | egistered Agent signati |) | en reinstating) DATE |
| | | V!!! FEE IS \$ | <u> </u> | |
| | Make Check Paya | | | State |
| 9. MANAGING MEMBE | · | 10. | · · | ADDITIONS/CHANGES |
| NAME SENCIE COSSIVE: CO | □ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS 3357 Ramble Wood CITY-ST-ZIP SOUTH-ST-ZIP | , \$7 | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE MESTAL MOVELOGICA | ☐ Delete | TITLE NAME | | 300003709DPChange_ |
| STREET ADDRESS 3357 Ramble WOOD | 2005 | STREET ADDRESS CITY-ST-ZIP | | -02/19/0101023003 *****50.00 *****50.00 |
| TITLE SALASSIA, FC 34 | (3.5') Delete | TITLE | wee | ☐ Change ☐ Addition |
| STREET ADDRESS | | NAME STREET ADDRESS | 335) | Campa wood 07 |
| CÎTY-ST-ZIP | ☐ Delete | CITY-ST-ZIP | Dorlo | Solto, SC 34237 |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | · |
| CNTY-ST-ZIP | | CITY-ST-ZIP | | D Oliver D Addition |
| TITLE NAME | ☐ Delete | TITLE NAME | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | - yı |
| TITLÉ NAME | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | |