2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L00000011445

Entity Name: OLIVE ENTERPRISES, L.L.C.

Current Principal Place of Business:

1181 SOUTH SUMTER BLVD
#108
NORTH PORT, FL 34287 US

New Principal Place of Business:

6638 KENWOOD DR
NORTH PORT, FL 34287 US

Current Mailing Address:

1181 SOUTH SUMTER BLVD
#108
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 65-1062212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TSIOGAS, DIMITRIOS
1181 SOUTH SUMTER BLVD
#108
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

TSIOGAS, DIMITRIOS
6638 KENWOOD DR
NORTH PORT, FL 34287 US

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: DIMITRIOS TSIOGAS 04/25/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: REILLY, ROBERT M
Address: 515 OSPREY AVE
City-St-Zip: SARASOTA, FL 34235

Title: MGRM ( ) Delete
Name: TSIOGAS, DIMITRIOS
Address: 3357 RAMBLEWOOD CT
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: TSIOGAS, DIMITRIOS
Address: 6638 KENWOOD DR
City-St-Zip: NORTHPORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIMITRIOS TSIOGAS MGRM 04/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date