2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # L01000008419** OLIVA-GROVES, LLC Mailing Address Principal Place of Business_ P.O. BOX 2206 3104 N. ARMENIA AVE. TAMPA, FL 33607 TAMPA, FL 33601 CR2E083 (10/03) 01112005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3726195 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLIVA, SR, JOHN E DO NOT WRITE 3104 N. ARMENIA AVE. TAMPA, FL 33607 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 1100000182091 01/19/05-80014-009 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME OLIVA, JR., JOHN E 3104 N. ARMENIA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 MGRM TITLE OLIVA, JR, ANGEL NAME 3104 N. ARMENIA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 or the regencer or trustee empowered by execute this report as required by Chapter 608, Florida Statutes.

FILED