


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000008419 1. Entity Name OLIVA-GROVES, LLC	
--	---

Principal Place of Business 3104 N. ARMENIA AVE. TAMPA, FL 33607	Mailing Address P.O. BOX 2206 TAMPA, FL 33601
--	---

DO NOT WRITE IN THIS SPACE



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3726195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OLIVA, SR, JOHN E 3104 N. ARMENIA AVE. TAMPA, FL 33607

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

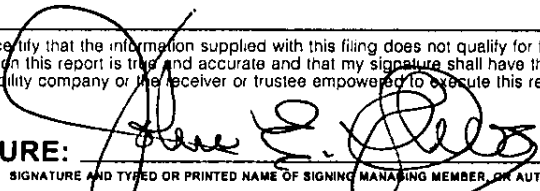
Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLIVA, JR., JOHN E 3104 N. ARMENIA AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLIVA, JR, ANGEL 3104 N. ARMENIA AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000638234
02/27/07-80022-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  2/13/07 (813) 241-4921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #