


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000008421 1. Entity Name OLIVA-ADAMO, LLC	
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Principal Place of Business 3104 N. ARMENIA AVE. TAMPA, FL 33607	Mailing Address PO BOX 2206 TAMPA, FL 33601
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DO NOT WRITE IN THIS SPACE



02122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3725883	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, JOHN E SR 3104 N. ARMENIA AVE. TAMPA, FL 33607
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**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 _____

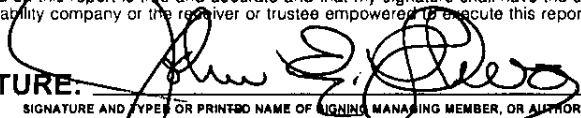
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVA, JOHN E SR 3104 N. ARMENIA AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVA, ANGEL JR 3104 N. ARMENIA AVE. TAMPA, FL 33607
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U00000638235
02/27/07-80022-009 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) 248-4921**

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