## 2007 LIMITED LIABILITY COMPANY

**FILED** Feb 16, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L01000008425 OLIVA-ARMENIA, LLC Principal Place of Business Mailing Address 3104 N. ARMENIA AVE. P.O. BOX 2206 TAMPA, FL 33607 TAMPA, FL 33601 02132007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3726143 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLIVA, JOHN E SR 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 Singalure, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. HILLE OLIVA, JOHN E SR NAME STREET ADDRESS 3104 N. ARMENIA AVE. CITY-ST-ZIP TAMPA, FL 33607 THLE MGRM NAME OLIVA, ANGEL JR STREET ADDRESS 3104 N. ARMENIA AVE. TAMPA, FL 33607 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS (CITY-ST-ZIP TITLE

mation supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information te 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 properties of the properti I hereby cartily that the informindicated on this report is true limited liability company or t

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AN YPED OR PRINTED NAME OF GING MEMBER, OR AUTHORIZED REPRESENTATIVE