2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000021385 1. Entity Name OLEANDER INVESTMENTS, L.L.C.

FILED Feb 24, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5380 NORTH OCEAN DRIVE UNIT 11 5380 NORTH OCEAN DRIVE

UNIT 11

SINGER ISLAND, FL 33404

SINGER ISLAND, FL 33404



02212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0415909

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, ANDY 5380 NORTH OCEAN DRIVE UNIT 1J SINGER ISLAND, FL 33404

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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.

Signeture, typed or presied name of registered agent and title if applicable.

(NOTE: Registered Agent sometime required when reinstating)

OATE

Filing Fee is \$50,00 Due by May 1, 2006 ######445596 03/07/06-80054-001 55.00

Q	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMERO, ANDY 5980 NORTH OCEAN DRIVE, UNIT 1J SINGER ISLAND, FL 33404
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVIER, RICHARD L 11072 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GTY-ST-ZP	
TITLE	

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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:

STREET ADDRESS Caty-St-Zip

SIGNATURE AND TYPED OR MENTED MAKE OF SIGNING MANAGING MEMBER, DR AUTHORIZED REPRESENTATION

2/21/06

561-385-4117

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