

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90273 048 \*\*\*\*\*55.00

<b>DOCUMENT # L01000021385</b> 1. Entity Name <b>OLEANDER INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>5380 NORTH OCEAN DRIVE UNIT 1J SINGER ISLAND, FL 33404</b>			Mailing Address <b>5380 NORTH OCEAN DRIVE UNIT 1J SINGER ISLAND, FL 33404</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1030 US HWY 1</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>314</b>			
City & State		City & State <b>NORTH PALM BEACH FLA</b>			
Zip	Country	Zip <b>33408</b>	Country <b>PALE BEACH</b>	4. FEI Number <b>03-0415909</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROMERO, ANDY 5380 NORTH OCEAN DRIVE UNIT 1J SINGER ISLAND, FL 33404</b>			7. Name and Address of New Registered Agent Name <b>ROMERO ANDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1030 US 1 APT 314</b> City <b>NORTH PALM BEACH</b> <b>FL</b> Zip Code <b>33408</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMERO, ANDY 5380 NORTH OCEAN DRIVE, UNIT 1J SINGER ISLAND, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMERO ANDY 1030 US HWY 1 # 314 NORTH PALM BEACH, FL 33408
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVIER, RICHARD L 11072 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVIER, RICHARD L 11072 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>				<b>2/19/07 - 561-6385-4117</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

6001140



02182007 Chg-LLC CR2E083 (12/06)