



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L02000027550<br>1. Entity Name<br>OLIVIA LLC |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>211 WEST SEAVIEW DRIVE<br>DUCK KEY, FL 33050 | Mailing Address<br>211 WEST SEAVIEW DR<br>DUCK KEY, FL 33050 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC CR2E083 (12/07)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>04-3722304  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

HRAWG CORP.  
1801 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

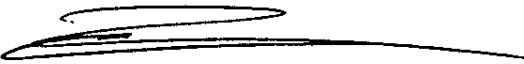
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000795556  
01/28/08-80051-018 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>D'ANGELO, NANCY MGRM<br>211 WEST SEAVIEW DR<br>DUCK KEY, FL 33050    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>D'ANGELO, DENNIS P MGRM<br>211 WEST SEAVIEW DR<br>DUCK KEY, FL 33050 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:  Chris Prey 1/22/08 3149947460

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