


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000027550 1. Entity Name OLIVIA LLC	
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Principal Place of Business 211 WEST SEAVIEW DRIVE DUCK KEY, FL 33050	Mailing Address 211 WEST SEAVIEW DR DUCK KEY, FL 33050
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DO NOT WRITE IN THIS SPACE

01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 04-3722304	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

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

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 _____

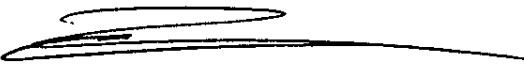
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000795556
01/28/08-80051-018 138.75

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