# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2004**
**Secretary of State**

DOCUMENT# L02000028902

**Entity Name:** OLIVER & ASSOCIATES, P.L.

**Current Principal Place of Business:**

4075 PINE RIDGE ROAD UNIT 14
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4075 PINE RIDGE ROAD UNIT 14
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVER, FITZGERALD DR
4075 PINE RIDGE ROAD UNIT 14
NAPLES, FL 34119

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: OLIVER, FITZGERALD
Address: 4075 PINE RIDGE RD UNIT 14
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLIVER FITZGERALD D 04/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date