

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028902

**FILED**  
**Jan 20, 2005**  
**Secretary of State**

**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:**

2700 IMMOKALEE ROAD,  
NAPLES, FL 34110

**Current Mailing Address:**

4075 PINE RIDGE ROAD UNIT 14  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 75-3101715      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

**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: FITZGERALD OLIVER

MGRM

01/20/2005

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