

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028902

Entity Name: OLIVER & ASSOCIATES, P.L.

FILED  
Jul 15, 2006  
Secretary of State

**Current Principal Place of Business:**

2700 IMMOKALEE ROAD,  
NAPLES, FL 34110

**New Principal Place of Business:**

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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/MANAGERS:**

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 Chapter 119, 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

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07/15/2006

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