

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90071 001 \*\*\*\*50.00

DOCUMENT # LD2 000034038

1. Entity Name

OLEANDER WAY LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

331 - OLEANDER WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 180744

Suite, Apt. #, etc.

City & State

CASSABERRY, FLORIDA

City & State

CASSABERRY, FLORIDA

Zip

32707

Country

Zip

32718

Country

4. FEI Number

03-0497389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WILSON, JOHN W.

Street Address (P.O. Box Number is Not Acceptable)

32535 OKALOOSA TRAIL

City

SORRENTO, FLORIDA

FL

Zip Code

32776

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

MGR

NAME

JOHN W. WILSON

STREET ADDRESS

32535 OKALOOSA TRAIL

CITY- ST- ZIP

SORRENTO, FLORIDA 32776

TITLE

NAME

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CITY- ST- ZIP

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN W. WILSON MGR

4-7-05

Date

407 830-7815

Daytime Phone #

CR2E083B (12/02)