


FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90198 028 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000020146 1. Entity Name OLDS MANAGEMENT, L.L.C.			
Principal Place of Business 940 NARCISSUS AVENUE CLEARWATER, FL 33767		Mailing Address 940 NARCISSUS AVENUE CLEARWATER, FL 33767	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4569 Clearwater Harbor Drive Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33770	Country USA	4. FEI Number 14-1884502	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHEN, PATRICIA 4569 CLEARWATER HARBOR DRIVE LARGO, FL 33770		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME CHEN, PATRICIA STREET ADDRESS 4569 CLEARWATER HARBOR DRIVE CITY-ST-ZIP LARGO, FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 5-12-04 Daytime Phone # 727-418-7129	

24076457



05132004 Chg-LLC CR2E083 (10/03)

Attachment
24076457
#L03000620146

13 May 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs/Madams:

RE: LLC filing fee

Enclosed is payment for Olds Management, LLC.

I did not receive filing fee papers from your office. Per my conversation with staff member, Jason Merrick, please accept this payment now.

Thank you.

Sincerely,



Patricia Chen
4569 Clearwater Harbor Drive
Largo, FL 33770