2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # L04000007284** 04-12-2005 90020 003 ****55.00 OLGA WELCH INVESTMENTS, LLC Mailing Address Principal Place of Business 247 BUTTONWOOD POINT 247 BUTTONWOOD POINT 20029798 JUPITER FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 200 640 567 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUERBERG, ERIC M -Street Address (P.O. Box Number is Not Acceptable) 200 VILLAGE SQUARE CROSSING **SUITE 102** PALM BEACH GARDENS, FL 33410 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TITLE ☐ Delete WELCH, OLGA V NAME NAME 247 BUTTONWOOD POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP JUPITER, FL 33458 ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete IIILE TITLE (M. MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Channe TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #