

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009276

Entity Name: OLIVE TREE REALTY, LLC

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

1601 NORTH PALM AVENUE
SUITE 304E
PEMBROKE PINES, FL 33024

Current Mailing Address:

1601 NORTH PALM AVENUE
SUITE 304E
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1601 NORTH PALM AVENUE
SUITE 304E
PEMBROKE PINES, FL 33026

New Mailing Address:

10536 NW 3RD STREET
PEMBROKE PINES, FL 33026

FEI Number: 20-0704741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NILES, CHRISTOPHER D ESQ.
3012 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

OLIVEROS, NATALIE A MGR
1601 N.PALM AVE
SUITE 304E
PEMBROKE PINES, FL 33026 US

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: NATALIE OLIVEROS

04/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OLIVEROS, NATALIE A
Address: 1601 NORTH PALM AVENUE, SUITE 304 E
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OLIVEROS, NATALIE A
Address: 1601 NORTH PALM AVENUE, SUITE 304 E
City-St-Zip: PEMBROKE PINES, FL 33026

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: NATALIE OLIVEROS

MGR

04/12/2005

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