2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000031873

OLIVIERI MANAGEMENT L.L.C.



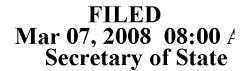
Principal Place of Business

4951 SADDLE OAK TRAIL SARASOTA, FL 34241

Mailing Address

NOT WRITE IN THIS SPACE

4951 SADDLE OAK TRAIL SARASOTA, FL 34241





02272008 No Chg-LLC

CR2E083 (12/07)

Fee Required

Applied For Not Applicable

4.	FEI Number		Applied
	75-3153370		Not Appl
5.	Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

OLIVIERI, WILLIAM M 4951 SADDLE OAK TRAIL SARASOTA, FL 34241

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

(NOTE Registered Agent aignature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000851162 03/25/08-80027-021 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	OLIVIERI, WILLIAM M			
STREET ADDRESS	4951 SADDLE OAK TRAIL			
CITY-ST-ZIP	SARASOTA, FL 34241			
TITLE	MGRM			
NAME	OLIVIERI, PETER			
STREET ADDRESS	4951 SADDLE OAK TRAIL			
CITY-ST-ZIP	SARASOTA, FL 34241			
TITLE	MGRM			
NAME	OLIVIERI, DAVID A			
STREET ADDRESS	4951 SADDLE OAK TRAIL			
CITY-ST-ZIP	SARASOTA, FL 34241			
TITLE	MGRM			
NAME	OLIVIERI, PAUL V			
STREET ADDRESS	4951 SADDLE OAK TRAIL			
CITY ST-ZIP	SARASOTA, FL 34241			
TITLE	MGRM			
NAME	OLIVIERI, JOSEPH F			
STREET ADDRESS	4951 SADDLE OAK TRAIL			
CITY-\$T-ZIP	SARASOTA, FL 34241			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE