2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L04000031873

Entity Name: OLIVIERI MANAGEMENT L.L.C.

Current Principal Place of Business:

4951 SADDLE OAK TRAIL
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

4951 SADDLE OAK TRAIL
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 75-3153370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	OLIVIERI, WILLIAM M	
Address:	4951 SADDLE OAK TRAIL	
City-St-Zip:	SARASOTA, FL 34241	
Title:	MGRM	( ) Delete
Name:	OLIVIERI, PETER	
Address:	4951 SADDLE OAK TRAIL	
City-St-Zip:	SARASOTA, FL 34241	
Title:	MGRM	(X) Delete
Name:	OLIVIERI, DAVID A	
Address:	4951 SADDLE OAK TRAIL	
City-St-Zip:	SARASOTA, FL 34241	
Title:	MGRM	( ) Delete
Name:	OLIVIERI, PAUL V	
Address:	4951 SADDLE OAK TRAIL	
City-St-Zip:	SARASOTA, FL 34241	
Title:	MGRM	(X) Delete
Name:	OLIVIERI, JOSEPH F	
Address:	4951 SADDLE OAK TRAIL	
City-St-Zip:	SARASOTA, FL 34241	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM M. OLIVIERI CEO 03/26/2009

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