2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90036 029 ****55.00

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1. Entity Name
OLSEN INVESTMENTS II, L.L.C.

Principal Place of Business	Mailing Address
4435 SW 160TH AVENUE, UNIT 215 MIRAMAR, FL 33027	4435 SW 160TH AVENUE, UNIT 215 MIRAMAR, FL 33027

2. Principal Place of Business	3. Mailing Address
2364 NW 157 AVE.	2364 NW 157 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33028 Country: USA	Zip: 33028 Country: USA

4. FEI Number 20-1560845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, ERIK 4435 SW 160TH AVENUE, UNIT 215 MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, ERIK 2364 NW 157 AVE. PEMBROKE PINES, FL 33028	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, MELISSA 4435 SW 160TH AVENUE, UNIT 215 MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, MELISSA 2364 NW 157 AVE. PEMBROKE PINES, FL 33028	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] ERIK OLSEN 4/26/05 (954) 801-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #