2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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
4435 SW 160TH AVENUE, UNIT 215
MIRAMAR, FL 33027

Mailing Address
4435 SW 160TH AVENUE, UNIT 215
MIRAMAR, FL 33027

04272005 Chg-LLC CR2E083 (10/03)

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

3. Mailing Address: 2364 NW 157 AVE.
Suite, Apt. #, etc.: —
City & State: PEMBROKE PINES, FL
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
FERNANDO J. PORTUONDO, P.A.
2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
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	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	OLSEN, ERIK	NAME	OLSEN, ERIK
STREET ADDRESS	4435 SW 160TH AVENUE, UNIT 215	STREET ADDRESS	2364 NW 157 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	OLSEN, MELISSA	NAME	OLSEN, MELISSA
STREET ADDRESS	4435 SW 160TH AVENUE, UNIT 215	STREET ADDRESS	2364 NW 157 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.

SIGNATURE: Erik Olsen 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 #