


FILED
Jun 13, 2005 8:00 am
Secretary of State

04-28-2005 90035 011 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L04000059111			
1. Entity Name OLLIE KOALA'S BACKYARD I, LLC			
Principal Place of Business P.O. BOX 398 PONTE VEDRA BEACH, FL 32004		Mailing Address P.O. BOX 398 PONTE VEDRA BEACH, FL 32004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC 225 WATER STREET, SUITE 2020 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name <u>Kevin W. Price</u> Street Address (P.O. Box Number is Not Acceptable) <u>8060 Cypress Hollow Court</u> City <u>Ponte Vedra Beach</u> FL <u>32082</u>	
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 <u>Bruce T. Schilling</u> DATE <u>4-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bruce T. Schilling</u> Date <u>4-26-05</u> Daytime Phone # <u>904-937-0011</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



Erie Griggs, CPA
Scott Heller, CPA
Peter Reynolds, CPA
Michael Schnell, CPA

ATTACHMENT
ATTACHMENT

30009209



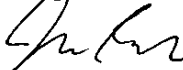
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Re: Ollie Koala's Backyard I, LLC

Reference Number: L04000059111

Attached is the corrected Annual Report from the above referenced Limited Liability Company. The Federal Identification number was inadvertently left off of the originally filed report. Please accept this corrected form as filed on or before May 1, 2005 since Ollie Koala's Backyard, LLC made their payment to the state on time.

Regards,


Jim Peavey, CPA