


FILED
Mar 21, 2006 8:00 am
Secretary of State

20018314

DOCUMENT # L04000059111		03-21-2006 90296 016 ****50.00	
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 1318 Beach Blvd.		3. Mailing Address 1318 Beach Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL	
Zip 32250		Country Duval	
4. FEI Number 20-1556111		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, KEVIN W 8060 CYPRESS HOLLOW COURT PONTE VEDRA BEACH, FL 32082		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM PRICE, KEVIN W P O BOX 395 PONTE VEDRA BEACH, FL 32004		TITLE NAME STREET ADDRESS CITY-ST-ZIP 8060 Cypress Hollow Court Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SCHILTING, BRUCE T P O BOX 395 PONTE VEDRA BEACH, FL 32004		TITLE NAME STREET ADDRESS CITY-ST-ZIP 112 Strong Branch Drive Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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: BRUCE T. SCHILTING BRUCE T. SCHILTING 3-7-06 904-242-2444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			