FOR PROFIT
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2007 8:00 am
Secretary of State
06-05-2007 90157 001 ***150.00

DOCUMENT # L04000054111

1. Entity Name
Ollie Koala's BackYard I, LLC

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60051506

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2. Principal Place of Business	3. Mailing Address
1318 Beach Blvd.	PO Box 398
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Ponte Vedra, FL
Zip: 32250 Country: Duval	Zip: 32004 Country: St. Johns

4. FEI Number: 20-1556111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kevin Price

Street Address (P.O. Box Number is Not Acceptable): 8060 Cypress Hollow Ct.

City: Ponte Vedra Beach FL Zip Code: 32082

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Managing Member
NAME	Kevin Price
STREET ADDRESS	8060 Cypress Hollow Ct
CITY ST ZIP	Ponte Vedra, FL 32082
TITLE	Managing Member
NAME	Bruce Schilling
STREET ADDRESS	112 Strong Branch Dr.
CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Kevin Price 5/29/07 904-910-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #