

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059111

Entity Name: OLLIE KOALA'S BACKYARD I, LLC

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

1318 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

PO BOX 398
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

1318 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-1556111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, KEVIN W
8060 CYPRESS HOLLOW COURT
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

PRICE, KEVIN W
6558 BURNHAM CIRCLE
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: KEVIN PRICE

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRICE, KEVIN W
Address: 8060 CYPRESS HOLLOW COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: SCHILTING, BRUCE T
Address: 112 STRONG BRANCH DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRICE, KEVIN W
Address: 6558 BURNHAM CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN PRICE

MR.

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date