

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081281

Entity Name: TW/OLSON REALTY, L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

877 EXECUTIVE CENTER DR. W.
SUITE 205
ST. PETERSBURG, FL 337022472 US

Current Mailing Address:

877 EXECUTIVE CENTER DR. W.
SUITE 205
ST. PETERSBURG, FL 337022472 US

New Principal Place of Business:

8430 ENTERPRISE CIRCLE
SUITE 100
BRADENTON, FL 342024108 US

New Mailing Address:

8430 ENTERPRISE CIRCLE
SUITE 100
BRADENTON, FL 342024108 US

FEI Number: 20-1886050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, S. TODD
877 EXECUTIVE CENTER DR. W.
SUITE 205
ST. PETERSBURG, FL 337022472 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: EDDY SALDANA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TW/OLSON VENTURE MAN, AGEMENT, L.L.C .
Address: 877 EXECUTIVE CENTER DR. W., SUITE 205
City-St-Zip: ST. PETERSBURG, FL 337022472 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TW/OLSON VENTURE MAN, AGEMENT, L.L.C .
Address: 8430 ENTERPRISE CIRCLE SUITE 100
City-St-Zip: BRADENTON, FL 342024108 US

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: S. TODD MERRILL

GC

04/30/2008

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