2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000093799

Entity Name: OLSEN FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

2600 W BLACK DIAMOND CIRCLE
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

2600 W BLACK DIAMOND CIRCLE
LECANTO, FL 34461

New Mailing Address:

PO BOX 10,000
CRYSTAL RIVER, FL 34423

FEI Number: 20-2147266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDEE, BRETT
1700 SOUTH MACDILL AVENUE, SUITE 200
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

HENDEE, BRETT
1700 SOUTH MACDILL AVENUE
SUITE 200
TAMPA, FL 33629 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: OLSEN, BRUCE A
Address: 2600 W. BLACK DIAMOND CIRCLE
City-St-Zip: LECANTO, FL 34461

Title: MGRM ( ) Change (X) Addition
Name: OLSEN, JON D
Address: 2600 W. BLACK DIAMOND CIRCLE
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE A. OLSEN MGRM 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date