

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093799

FILED
Apr 25, 2007
Secretary of State

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:

PO BOX 10,000
CRYSTAL RIVER, FL 34423

New Mailing Address:

PO BOX 2050
LECANTO, FL 34460

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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: BRUCE A. OLSEN

MGRM

04/25/2007

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