


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90052 018 \*\*\*\*50.00

<b>DOCUMENT # L05000016963</b>					
<b>1. Entity Name</b> OLMSTEAD, LLC					
<b>Principal Place of Business</b> 4163 SADDLEWOOD DRIVE ORLANDO, FL 32818-8230			<b>Mailing Address</b> 4163 SADDLEWOOD DRIVE ORLANDO, FL 32818-8230		
<b>2. Principal Place of Business</b> 1631 Rock Springs Rd Suite, Apt. #, etc. Apopka, FL 32712 City & State		<b>3. Mailing Address</b> 1631 Rock Springs Rd Suite, Apt. #, etc. Apopka FL City & State		01052006    Chg-LLC    CR2E083 (11/05)	
Zip 32712		Country Orange		<b>4. FEI Number</b> 20-2367077	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  OLMSTEAD, PHYLLIS M 4163 SADDLEWOOD DRIVE ORLANDO, FL 32818-8230			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE <u><i>Phyllis M. Olmstead</i></u> DATE <u>1-5-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLMSTEAD, PHYLLIS M 4163 SADDLEWOOD DRIVE ORLANDO, FL 328188230	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLMSTEAD, JEFFERY W 4163 SADDLEWOOD DRIVE ORLANDO, FL 328188230	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <u><i>Phyllis M. Olmstead</i></u>				Date <u>1-5-06</u> Daytime Phone #	