

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016963

Entity Name: OLMSTEAD, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

% DR. PHYLLIS M. OLMSTEAD
THE UPS STORE #5514,1631 ROCK SPGS. RD.
APOPKA, FL 32712

Current Mailing Address:

% DR. PHYLLIS M. OLMSTEAD
THE UPS STORE #5514,1631 ROCK SPGS. RD.
APOPKA, FL 32712

New Principal Place of Business:

% DR. PHYLLIS M. OLMSTEAD
THE UPS STORE #5514,1631 ROCK SPGS. RD.
APOPKA, FL 327122229 US

New Mailing Address:

% DR. PHYLLIS M. OLMSTEAD
THE UPS STORE #5514,1631 ROCK SPGS. RD.
APOPKA, FL 327122229 US

FEI Number: 20-2367077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMSTEAD, PHYLLIS M
4163 SADDLEWOOD DRIVE
ORLANDO, FL 328188230 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: MGR () Delete
Name: OLMSTEAD, PHYLLIS M
Address: 4163 SADDLEWOOD DRIVE
City-St-Zip: ORLANDO, FL 328188230

Title: MGR (X) Delete
Name: OLMSTEAD, JEFFERY W
Address: 4163 SADDLEWOOD DRIVE
City-St-Zip: ORLANDO, FL 328188230

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 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: DR PHYLLIS M OLMSTEAD

MGR

01/03/2007

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