


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000047289**

1. Entity Name  
**OLSEN CREST, LLC**



Principal Place of Business      Mailing Address

8511 BULL HEADLEY ROAD, SUITE 200      8511 BULL HEADLEY ROAD, SUITE 200  
TALLAHASSEE, FL 32312      TALLAHASSEE, FL 32312

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-2862702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN S  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32309

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

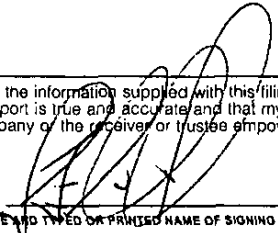
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAND, LLC 8511 BULL HEADLEY ROAD, SUITE 200 TALLAHASSEE, FL 32312
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100000683204  
04/05/07-80035-013 50.00

**DO NOT WRITE IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**       **3-26-07**      **8508949931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #