## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000047289

1. Entity Name OLSEN CREST, LLC



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

Principal Place of Business

SIGNATURE:

Mailing Address

8511 BULL HEADLEY ROAD, SUITE 200 TALLAHASSEE, FL 32312

8511 BULL HEADLEY ROAD, SUITE 200 TALLAHASSEE, FL 32312



01302007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-2862702 Not Applicable \$5.00 Additional  $\Box$ 

5. Certificate of Status Desired

3,260<del>7</del>

Fee Required

6. Name and Address of Current Registered Agent

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

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<ol> <li>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.</li> </ol>			
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAND, LLC 8511 BULL HEADLEY ROAD, SUITE 200 TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			100000683204 04/05/07-80035-013 50.00
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 project or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

THEO OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE