FILED Jul 09, 2007 8:00 am Secretary of State 07-09-2007 90115 004 ****50.00

6-30-07 386 258-5570
Date Devisine Phone •

2007 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

| ANNUAL REPORT | | | | | |
|---|--|-----------------|----|---|--|
| DOCUMENT # L05000057086 1. Entity Name OLEANDER, LLC | | | | 40123997 | |
| Principal Place of Business 2055 S. ATLANTIC AVENUE, E405 DAYTONA BEACH SHORES, FL 32118 Mailing Address 2055 S. ATLANTIC AVENUE, E4 DAYTONA BEACH SHORES, FL 32118 | | 105 32118 | | | |
| DO NOT WRITE IN THIS SPAC | | | | 07022007 No Chg-LLC | CR2E083 (11/05) |
| | | | CE | FEI Number NOT APPLICABLE Certificate of Status Desired | Applied For Not Applicable \$5.00 Additional Fee Required |
| | 6. Name and Address of Current Re | egistered Agent | | | |
| BRAUN, NANCY 2055 S. ATLANTIC AVENUE, E405 DAYTONA BEACH SHORES, FL 32118 | | | | DO NOT WI | |
| 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. It am familiar with, and accept | | | | | |
| the obligations of registered agent. | | | | | |
| SIGNATURE | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | | | |
| 9. | MANAGING MEMBERS | S/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS BRAUN, NANCY J 2055 S ATLANTIC AVE. DAYTONA BEACH, FL 32118 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SP | ACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 1 | | | |
| 11. I hereby certify that the information supplies with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this eport is true and accurate and that thy 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 of tursteed impowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |