2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L05000059834

Entity Name: OLIVER-HOFFMANN SEVILLE, LLC

Current Principal Place of Business:

3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

3801 PGA BLVD.,
SUITE #901
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410

New Mailing Address:

3801 PGA BLVD.,
SUITE #901
PALM BEACH GARDENS, FL 33410

FEI Number: 20-3128784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, CAMILLE O
3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

HOFFMANN, CAMILLE O
3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410 US

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: CAMILLE O HOFFMANN 04/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOFFMANN, CAMILLE O
Address: 3801 PGA BLVD., SUITE 901
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CAMILLE O HOFFMANN MGRM 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date