

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074159

Entity Name: OLSEN COMMUNICATIONS LLC

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

1405 WEST RIVER CT.
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1405 WEST RIVER CT.
VALRICO, FL 33594

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN, SCOTT
1405 WEST RIVER CT.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

OLSEN, SCOTT R
1405 WEST RIVER CT.
VALRICO, FL 33594 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: SCOTT R OLSEN

01/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OLSEN, VICKY
Address: 1405 WEST RIVER CT.
City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Delete
Name: OLSEN, MICHAEL
Address: 10770 BARELEY #313
City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Delete
Name: OLSEN, CAROL L
Address: 2221 LOCH HAVEN DR.
City-St-Zip: PLANO, TX 75023

Title: MGRM (X) Delete
Name: STEWART, JAMES
Address: RT 4 BOX 225811/ 3730 NUECES ST
City-St-Zip: GALVESTON, TX 77554

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: OLSEN, SCOTT R
Address: 1405 WEST RIVER CT.
City-St-Zip: VALRICO, FL 33594 US

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

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: SCOTT R OLSEN

MM

01/24/2006

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