2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

941-492-522 L Daytime Phone #

DOCUMENT # L05000074301 1. Entity Name OLIVE LLC								05-01-2006	90038 02	21 ****50).00
Principal Place 1531 S. TAM #703 VENICE, FL 3	IIAMI TRAIL	5	Mailing Address 1531 S. TAMIAMI TRAIL #703 VENICE, FL 34285			! 	8181 81112 88311 88133 83 11	1 16 311 (1711) 1/1		1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03142006	Chg-LLC	CR2E0	83 (11/05)	,
City & State			City & State				4. FEI Number	·			plied For t Applicable
Zip	Country		Zip	Coun	itry		5. Certificate o	f Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current F	Registered Agent					ddress of New R	egistered A	Agent	
KHLEIF, AL B					Name Stront Address (R.O. Roy Number in Net Accordable)						
1531 S. TAMIAMI TRAIL #703 VENICE, FL 34285					Street Address (P.O. Box Number is Not Acceptable)						
VENICE, I	L 34203			City	FL Zip Code)	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
Filing Fee is \$50.00 Due by May 1, 2006									e check p	ayable to	•
9.		MANAGING MEMBER						ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS	MGRM KHLEIF, A	AL B AMIAMI TRAIL #703	☐ Delete	TITLI NAM STRE						Change	☐ Addition
CITY-ST-ZIP	VENICE, FL 34285					\$T-ZIP					
TITLE NAME	MGRM KHLEIF, ROD A		Delete	TITL NAM	4					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1531 S. TAMIAMI TRAIL #703 VENICE, FL 34285				EET ADDRESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				•	EET ADORESS '-ST-ZIP						
TITLE NAME		1 112 1 1821	☐ Delete	TITL			2			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL						☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL	i					☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											

SIGNATURE: MKhl-; & Mon-ger Mg-but 4-20-06
SIGNATURE ON TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Da