

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079173

FILED
Mar 22, 2009
Secretary of State

Entity Name: SOUTH OLIVE HARBOUR I, L.L.C.

Current Principal Place of Business:

14340-B HARBOUR LINKS COURT
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

14340-B HARBOUR LINKS COURT
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 61-1492223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORLEY, ROBERT P
14340-B HARBOUR LINKS COURT
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORLEY, ROBERT P
Address: 14340-B HARBOUR LINKS CT.
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: CORLEY, KEVIN S
Address: 4414 SOUTHFORD TRACE DRIVE
City-St-Zip: CHAMPAIGN, IL 61822

Title: MGRM () Delete
Name: AUKAMP, MARK E
Address: 5150 OLIVE CT.
City-St-Zip: GREENWOOD VILLAGE, CO 80121

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CORLEY, KEVIN S
Address: 8 SANDY LAKE ROAD
City-St-Zip: CHERRY HILLS VILLAGE, CO 80113

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: R. P. CORLEY

MGR

03/22/2009

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