

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 05, 2006  
Secretary of State**

DOCUMENT# L05000116342

Entity Name: WARNER OLIVER LLC

**Current Principal Place of Business:**

10706 BLOOMINGDALE AV  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

10706 BLOOMINGDALE AV  
RIVERVIEW, FL 33569

**New Mailing Address:**

FEI Number: 59-1391310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OLIVER, WARNER  
10706 BLOOMINGDALE AV  
RIVERVIEW, FL 33569    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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                                    OWNE                                    ( ) Change (X) Addition  
Name:                                    WARNER, OLIVER  
Address:                                    1006 BLOOMINGDALE AV  
City-St-Zip:                                    RIVERVIEW, FL 33569

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: WARNER OLIVER

OWNE

07/05/2006

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