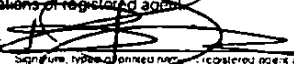


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-12-2007 90307 048 ****50.00

DOCUMENT # L06000023777					
1. Entity Name DENSON OLEANDER LLC					
Principal Place of Business 5555 IDEAL HOLDING ROAD FT. PIERCE FL 34987			Mailing Address 5555 IDEAL HOLDING ROAD FT. PIERCE FL 34987		
2. Principal Place of Business - No P.O. Box # 3783 OLEANDER AVENUE			3. Mailing Address 3783 OLEANDER AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Fort Pierce FL			City & State FL		
Zip 34982		Country ST LUCIE		4. FEI Number 87-0791895	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROWN, MARK R C/O KAYE SCHOLER LLP 777 S. FLAGLER DRIVE, STE. 900, WEST TOWER WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:  DATE: _____ (Signature, typed, printed name, registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENSON, BRIAN 5555 IDEAL HOLDING ROAD FT. PIERCE FL 34987	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			BRIAN DENSON MANAGING MEMBER 1/30/07 7724467969		