

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045112

Entity Name: OLIVIA ESTATES, L.L.C.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2298 SW PICTURE TERRACE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2298 SW PICTURE TERRACE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 01-0864434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREE, STRATHER
2298 SW PICTURE TERRACE
PORT ST LUCIE, FL 34953 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: MGRM () Delete
Name: DUPREE, STRATHER
Address: 2298 SW PICTURE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM () Delete
Name: DUPREE, SONIA
Address: 2298 SW PICTURE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUPREE, STRATHER B II
Address: 2298 SW PICTURE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM (X) Change () Addition
Name: DUPREE, SONIA Y
Address: 2298 SW PICTURE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

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: STRATHER B DUPREE II

MGRM

04/22/2009

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