


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000052292</b> 1. Entity Name OLILIANA LAND, L.L.C.	
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Principal Place of Business 6217 SW 10 STREET MIAMI, FL 33144	Mailing Address 6217 SW 10 STREET MIAMI, FL 33144
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05042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5377017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  FONTAN, ORIETA 6217 SW 10 STREET MIAMI, FL 33144
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**DO NOT WRITE  
IN THIS SPACE**

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 <u>ORIETA FONTAN</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>05-02-08</u>

**FILE NOW!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTAN, ORIETA 6217 SW 10 STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIAN, BERTINA L 6217 SW 10 STREET MIAMI, FL 33144
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U000000948870  
06/03/08-80004-012 138.75

**DO NOT WRITE  
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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**