


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90029 020 ***138.75

| | |
|----------------------------------|---|
| DOCUMENT # L07000017184 |  |
| 1. Entity Name L M OLIVE, LLC | |

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|--|--|
| Principal Place of Business 702 SE DUVAL STREET MADISON, FL 32340 US | Mailing Address PO BOX 1008 MADISON, FL 32341 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|--------------------------------|
|  | |
| 04282008 Chg-LLC | CR2E083 (12/06) |
| 4. FEI Number 208445502 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |


| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| OLIVE, LARRY M 702 SE DUVAL STREET MADISON, FL 32340 | |

| | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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|---|------|
| 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | |

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|---|---------------------|---------------------------------|--|--|--|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OLIVE, LARRY M | | | NAME | | | |
| STREET ADDRESS | 702 SE DUVAL STREET | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | MADISON, FL 32340 | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |

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.

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|---|----------------------|
| SIGNATURE:  | 4-28-08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |