


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90066 011 ***143.75

DOCUMENT # L07000080573 1. Entity Name OLIVER HOLDINGS, L.L.C.																																					
Principal Place of Business 9501 S.W. 61ST COURT MIAMI, FL 33156			Mailing Address 9501 S.W. 61ST COURT MIAMI, FL 33156																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		04212008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-1323405 Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent RAATTAMA, HENRY H ESQ ONE SOUTHEAST THIRD AVENUE, 25TH FL MIAMI, FL 33131																																			
7. Name and Address of New Registered Agent Name Robert M Oliver III Street Address (P.O. Box Number is Not Acceptable) 9501 SW 61 CT City Pinecrest FL Zip Code 33156		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 Robert M Oliver III ROBERT M OLIVER III 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete															10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> Sole Manager ROBERT M OLIVER III 9501 SW 61 CT PINECREST FL 33156 </td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Sole Manager ROBERT M OLIVER III 9501 SW 61 CT PINECREST FL 33156													
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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: Robert M Oliver III 4/21/08 305 778 9501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																					