# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 08, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # M01000002448

1. Entity Name
OLSON FLORIDA LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 300 MAIN STREET, SUITE 800<br>LAFAYETTE, IN 47901 | 300 MAIN STREET, SUITE 800<br>LAFAYETTE, IN 47901 |

**DO NOT WRITE IN THIS SPACE**

01262004No Chg-LLC CR2E083 (10/03)

4. FEI Number
35-2132245

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES M. GUALARIO, P.A.
ANCHOR COURT
820 ANCHOR RODE DRIVE
NAPLES, FL 34103

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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)

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000106443
04/08/04--00015--014 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|---|---|
| TITLE | MGR |
| NAME | PARENT, THOMAS B |
| STREET ADDRESS | 300 MAIN STREET, SUITE 800 |
| CITY-ST-ZIP | LAFAYETTE, IN 47901 |
| TITLE | MGR |
| NAME | OLSON, HEDWIG E |
| STREET ADDRESS | 315 OVERLOOK DRIVE |
| CITY-ST-ZIP | WEST LAFAYETTE, IN 47906 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Hedwig E. Olson 4-5-04 765-463-2417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

HEDWIG E. OLSON