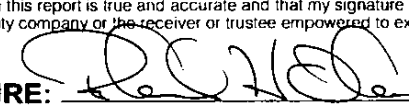


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90079 035 ***138.75

DOCUMENT # M01000002448 1. Entity Name OLSON FLORIDA LLC					
Principal Place of Business 300 MAIN STREET, SUITE 800 LAFAYETTE, IN 47901			Mailing Address 300 MAIN STREET, SUITE 800 LAFAYETTE, IN 47901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2132245	
Zip		Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR PARENT, THOMAS B 300 MAIN STREET, SUITE 800 LAFAYETTE, IN 47901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, HEDWIG E 315 OVERLOOK DRIVE WEST LAFAYETTE, IN 47906	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, RICHARD H 170 STACEY HOLLOW LANE LAFAYETTE, IN 47905	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: 			Date 1/7/08 Daytime Phone # 765 447 2181		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					