2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# M01000002448

Entity Name: OLSON FLORIDA LLC

Current Principal Place of Business:

300 MAIN STREET, SUITE 800
LAFAYETTE, IN 47901

New Principal Place of Business:

300 MAIN STREET, SUITE 900
LAFAYETTE, IN 47901

Current Mailing Address:

300 MAIN STREET, SUITE 800
LAFAYETTE, IN 47901

New Mailing Address:

300 MAIN STREET, SUITE 900
LAFAYETTE, IN 47901

FEI Number: 35-2132245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PARENT, THOMAS B
Address: 300 MAIN STREET, SUITE 800
City-St-Zip: LAFAYETTE, IN 47901

Title: MGR ( ) Delete
Name: OLSON, RICHARD H
Address: 170 STACEY HOLLOW LANE
City-St-Zip: LAFAYETTE, IN 47905

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PARENT, THOMAS B
Address: 300 MAIN STREET, SUITE 900
City-St-Zip: LAFAYETTE, IN 47901

Title: MGR (X) Change ( ) Addition
Name: OLSON, RICHARD H
Address: 170 STACEY HOLLOW DRIVE
City-St-Zip: LAFAYETTE, IN 47905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS B. PARENT MGR 04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date