

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000314

Entity Name: OLIVAS OWNERS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

965 KELLER RD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 689
TELLURIDE, CO 81435

New Mailing Address:

FEI Number: 95-4688127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWE, OSMOND
501 BRICKELL KEY DR., #504
MIAMI, FL 33131 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: MGRM () Delete
Name: UCR LLC
Address: P.O. BOX 689
City-St-Zip: TELLURIDE, CO 81435

Title: MGR () Delete
Name: IRELAND, JUD
Address: P. O. BOX 689
City-St-Zip: TELLURIDE, CO 81435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUD IRELAND

MGR

05/01/2009

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