

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000141091

**Entity Name:** OLIVE HARVEST PASSIVE INCOME, LLC

**Current Principal Place of Business:**

755 DOTTEREL ROAD  
1305  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

755 DOTTEREL RD  
#1305  
DELRAY BEACH, FL 33444 US

**FEI Number:** 46-3833839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MURPHY, PATRICK T  
755 DOTTEREL ROAD  
1305  
DELRAY BEACH, FL 33444 US

*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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MURPHY, PATRICK T  
Address        755 DOTTEREL ROAD  
                  1305  
City-State-Zip: DELRAY BEACH FL 33444

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK MURPHY

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date