2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90075 005 ***143.75

DOCUMENT # L03000002124

1. Entity Name

OLYMPUS DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
18145 S.E. HERITAGE DR. TEQUESTA FL 33469	18145 S.E. HERITAGE DR. TEQUESTA FL 33469

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
FLORIDA	18145 SE. HERITAGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA	City & State: FL.
Zip / Country	Zip: 33469 / Country

4. FEI Number: 33-1042501 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HABIB, SELIM 18145 S.E. HERITAGE DR. TEQUESTA FL 33469	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: Selim Habib 1/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) Date

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	P HABIB-YOUNES, SELIM 18145 S.E. HERITAGE DR TEQUESTA FL 33465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HABIB, STELLA 18145 S.E. HERITAGE DR. TEQUESTA FL 33465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HABIB, MARY HELEN 18145 S.E. HERITAGE DR. TEQUESTA FL 33465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 605, Florida Statutes.

SIGNATURE: Selim Habib 1/22/08 561/5757868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #