

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002124

FILED  
May 15, 2012  
Secretary of State

Entity Name: OLYMPUS DEVELOPMENT, LLC

## Current Principal Place of Business:

18145 S.E. HERITAGE DR.  
TEQUESTA, FL 33469

## New Principal Place of Business:

9336 EQUUS CIR.  
BOYNTON BEACH, FL 33472

## Current Mailing Address:

18145 S.E. HERITAGE DR.  
TEQUESTA, FL 33469

## New Mailing Address:

9336 EQUUS CIR.  
BOYNTON BEACH, FL 33472

FEI Number: 33-1042501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HABIB, SELIM  
18145 S.E. HERITAGE DR.  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

HABIB, SELIM  
9336 EQUUS CIR  
BOYNTON BEACH, FL 33472 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: SELIM HABIB YOUNES

05/15/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P  
Name: HABIB-YOUNES, SELIM  
Address: 9336 EQUUS CIR  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V  
Name: HABIB, STELLA  
Address: 9336 EQUUS CIR  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S  
Name: HABIB, MARY HELEN  
Address: 11422 MAJESTIC ACRES TER  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MEMB  
Name: HABIB, ANDRE  
Address: 120 JOHNSON RD.  
City-St-Zip: HOLLISTON, MA 01746

Title: MNGR  
Name: HABIB, MARK  
Address: 1269 COLONY PRESERVE DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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: MARY HELEN HABIB

SEC

05/15/2012

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