

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025882

**FILED**  
**May 13, 2004**  
**Secretary of State**

**Entity Name:** OLYMPUS MORTGAGE L.L.C.

**Current Principal Place of Business:**

PO BOX 330580  
COCONUT GROVE, FL 332330580

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330580  
COCONUT GROVE, FL 332330580

**New Mailing Address:**

**FEI Number:** 04-3767881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STALLINGS, WAYNE  
3193 OAK AVENUE  
COCONUT GROVE, FL 33133 US

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

STALLINGS, WAYNE  
PO BOX 330580  
COCONUT GROVE, FL 332330580 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: WAYNE STALLINGS

05/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STALLINGS, WAYNE  
Address: 3193 OAK AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STALLINGS, WAYNE  
Address: PO BOX  
City-St-Zip: COCONUT GROVE, FL 332330580 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAYNE STALLINGS

MGRM

05/13/2004

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