
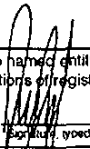
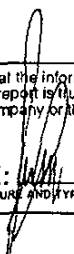


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000025978					
1. Entity Name LAKE OLIVIA, LLC					
Principal Place of Business 325 WEST MAIN STREET LOUISVILLE, KY 40202			Mailing Address 325 WEST MAIN STREET LOUISVILLE, KY 40202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, JESSE E JR ESQ GRAHAM BUILDER JONES PRATT & MARKS LLP 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789			Name RUSSELL K. DICKSON, JR.		
			Street Address (P.O. Box Number is also acceptable) FISHER, RUSMER, ET AL.		
			20 N. ORANGE AVENUE, SUITE 1500		
			City ORLANDO		FL Zip Code 32801
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 		(NOTE: Registered Agent signature required when reinstating) DATE 11/27/2006			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DC INVESTMENT LLC 325 WEST MAIN LOUISVILLE, KY 40202		TITLE NAME STREET ADDRESS CITY - ST - ZIP	60008221 1075 12/01/08--01043--015 **\$55.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.					
SIGNATURE: 			DATE 11/27/2006 DAYTIME PHONE # 907-843-2111		

FILED

06 NOV 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11272006 REIN-LLC CR2E101 (11/05)

4. FEI Number
56-2387217

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

REINSTATEMENT 2006