

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003464

FILED
Apr 27, 2005
Secretary of State

Entity Name: OLYMPIA ENTERTAINMENT COMPANY, LLC

Current Principal Place of Business:

1035 N.E. 125TH STREET, SUITE 321A
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

1035 N.E. 125TH STREET, SUITE 321A
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HITE, CATHERINE
799 BRICKELL PLAZA
700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HODGE, MAURICE
Address: 1035 N.E. 125TH STREET, SUITE 321A
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: MGRM () Delete
Name: HILAIRE, BRUNEL
Address: 1035 N.E. 125TH STREET, SUITE 321A
City-St-Zip: NORTH MIAMI, FL 33161 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HODGE, MAURICE
Address: 1065 N.E. 125TH STREET, SUITE 321A
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: MGRM (X) Change () Addition
Name: HILAIRE, BRUNEL
Address: 1065 N.E. 125TH STREET, SUITE 321A
City-St-Zip: NORTH MIAMI, FL 33161 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: MAURICE C. HODGE

MGMT

04/27/2005

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