

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000033327

**FILED**  
**Jun 01, 2005**  
**Secretary of State**

**Entity Name:** LEVIEV BOYMELGREEN SOLEIL DEVELOPERS, LLC

**Current Principal Place of Business:**

444 BRICKELL AVENUE, SUITE 650  
MIAMI, FL 33131

**New Principal Place of Business:**

3050 BISCAYNE BLVD.  
700  
MIAMI, FL 33131

**Current Mailing Address:**

444 BRICKELL AVENUE, SUITE 650  
MIAMI, FL 33131

**New Mailing Address:**

3050 BISCAYNE BLVD.  
700  
MIAMI, FL 33131

**FEI Number:** 20-1701067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HELLINGER, ANDREW B ESQ.  
C/O MELAND RUSSIN HELLINGER & BUDWICK, PA  
200 S. BISCAYNE BLVD., 3000 WACH FIN CNTR.  
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: BOYMELGREEN, JESHAYAHU  
Address: 444 BRICKELL AVENUE, SUITE 650  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OLYMPIA FLORIDA, LLC,  
Address: 700 PACIFIC STREET  
City-St-Zip: BROOKLYN, NY 11217

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: ANDREW HELLINGER, AUTHORIZED REPRESENTATIVE MGRM

06/01/2005

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