

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90196 001 *1,050.00

DOCUMENT # L05000006053

1. Entity Name

CENTURY OLYMPIA POINTE, LLC



Principal Place of Business

1951 NW 19 ST, #200
BOCA RATON, FL 33431

Mailing Address

1951 NW 19 ST, #200
BOCA RATON, FL 33431

30003488



03132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2228805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FALCONE, ROBERT
STREET ADDRESS	1951 NW 19 ST STE 200
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	FALCONE, ARTHUR
STREET ADDRESS	1951 NW 19TH STREET STE 200
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	FALCONE, EDWARD
STREET ADDRESS	1951 NW 19TH STREET STE 200
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *William McKissack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03.12.07

Date

561-961-1249

Daytime Phone #