

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006053

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CENTURY OLYMPIA POINTE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2228805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

FALCONE, ROBERT N  
1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431 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: ROBERT FALCONE

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FALCONE, ROBERT  
Address: 1951 NW 19 ST STE 200  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 1951 NW 19TH STREET STE 200  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET STE 200  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT FALCONE

MGRM

03/30/2009

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