



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90051 001 ***100.00

DOCUMENT # L05000015086					
1. Entity Name DATURA & OLIVE DEVELOPER LLC					
Principal Place of Business C/O REPUBLIC PROPERTIES CORPORATION 1280 MARYLAND AVENUE, SW, SUITE 280 WASHINGTON, DC 20024			Mailing Address C/O REPUBLIC PROPERTIES CORPORATION 1280 MARYLAND AVENUE, SW, SUITE 280 WASHINGTON, DC 20024		
2. Principal Place of Business 10340 DEMOCRACY LANE Suite, Apt. #, etc. SUITE 101 City & State FAIRFAX, VA Zip 22030 Country USA		3. Mailing Address 10340 DEMOCRACY LANE Suite, Apt. #, etc. SUITE 101 City & State FAIRFAX, VA Zip 22030 Country USA		30013101 	
4. FEI Number 20-2338795				07182006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMER, RICHARD L. 1280 MARYLAND AVE., SW, SUITE 280 WASHINGTON, DC 20024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10340 DEMOCRACY LANE, SUITE 101 FAIRFAX, VA 22030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIGG, STEVEN A 1280 MARYLAND AVE., SW, SUITE 280 WASHINGTON, DC 20024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10340 DEMOCRACY LANE, SUITE 101 FAIRFAX, VA 22030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID L. PETER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID L. PETER 10340 DEMOCRACY LANE, SUITE 101 FAIRFAX, VA 22030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			7/19/06 703-537-3160 Date Daytime Phone #		